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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, AUGUST 8, 1838.

[NO. 1.]

LECTURE ON RUBEOLA.

DELIVERED BY W. W. GERHARD, M.D., PHYSICIAN TO THE PHILADELPHIA HOSPITAL.

A VERY unusual affection in general hospital practice has lately claimed your attention, I mean *rubeola*. To see it pervading epidemically the wards of adults is a phenomenon which I have never before witnessed, and hardly expect again to observe; as it is a disease which usually appears but once during life, and is generally confined to childhood. During the last six weeks, however, there have been as many as seven or eight cases in my single service, and three or four in the other wards. My recent cases were as follows:

Morris, a man of nearly forty; Perry, a lad of eighteen, and three others nearly of the same age.

Previous to detailing the symptoms which characterize *rubeola*, I shall make a few remarks on its pathology. The pathology of measles, like that of other exanthematous affections, is to be divided into two parts, one comprising the morbid changes in the body, which are characteristic of and essential to the disease, the other being those which are merely accidental. The first are of course to be looked on as pathognomonic.

The description of the affection, given by Sydenham, is so good, and agrees so accurately with its appearances, at the present day, that I shall read it to you at length, and adopt it, in most particulars, in preference to more modern accounts. It cannot be amended materially, except by examining the symptoms with the aid of the numerical method; a task which, at present, I am not able to undertake.

This excellent description of Sydenham's shows his powers of observation in favorable contrast with some of modern times. His general account of the disease holds good in the cases which we observed at the hospital. Thus, our symptoms of the first day, like his, were chilliness and cold shiverings. The second day we had the catarrhal symptoms, connected with coryza and the flow of tears, as described by Sydenham. This is the best sign to distinguish measles, in its incipient stage, from other exanthemata. In this stage, the other exanthematous affections offer no mark by which they can be diagnosticated with any certainty. They have, at this time, numerous symptoms in common, including some belonging to other febrile diseases. Thus, in scarlatina, the sore throat is by no means sufficiently characteristic, and smallpox may, at its commencement, be very readily mistaken for typhoid fever. Dr.

Louis, who certainly is most accurately familiar with typhoid fever, has more than once mistaken for it the incubation of smallpox.

The symptoms that follow, as the sick stomach, loss of appetite, slight cough, heaviness of the head and eyes, occur now just as they did in the time of Sydenham. The only irregularity in Sydenham's description consists in the large red wheals, which have not, in our cases, made their appearance, nor have I often observed them. The swelling of the eyelids continues the same. The vomiting occurs particularly in children, and not in adults; we did not notice it in these cases. Looseness of the bowels is the next symptom mentioned. This is not now a constant symptom in the early stages of measles, but, it is to be recollected, that the descriptive account of the disease by Sydenham has reference to an epidemic which took place in 1670. The diarrhœa I set down as an accidental symptom, and, as such, it probably complicated the epidemic of that year.

We next pass to his description of the eruption, which he characterizes most accurately. We have it now, as then, appearing first in the form of red spots, resembling flea-bites, which gradually coalesce into semicircular, crescentic, and circular shapes, showing themselves first on the face, and spreading thence over the rest of the body. As the eruption increases, there is a diminution of the other symptoms. The eruption is found in the mouth and throat, as well as on the skin. In the cases of the negroes, it was of course detected only in the eyes and throat. In the pharynx and palate, as elsewhere, the eruption was not so much elevated above the epithelium, as it is above the surface of the skin. The next part of the description is doubtful—that is, the mode of disappearance of the eruption. It does not disappear on the eighth or ninth day, as alleged by Sydenham, for traces of it remain for some time afterwards, in copper-colored spots, as shown in the cases in our wards; even after the spots entirely disappear the skin remains rough and dry. I do not at this time intend to go more largely into the ordinary symptoms of measles, for I can scarcely add anything to the graphic description which I have read to you from Sydenham. While at Paris, and at the Hospital des Enfants Malades, I collected a mass of observations on this subject; but, not yet having been able to analyse them, I must defer presenting them to you to some future time. I shall now call your attention to two of the accidental symptoms which may complicate the regular course of measles and often become the sources of great danger.

The first is bronchitis, of a severe character. A slight bronchitis may be looked upon as a necessary symptom of the disease; it is to be deemed accidental, when it appears under an aggravated type, or when the inflammation runs into the parenchyma of the lungs, and takes on the form of lobular pneumonia, which is similar to the pneumonia following the bronchitis of young children. This accidental symptom occurred in the man Morris, whom you recollect in the first ward, about the eighth or ninth day, when the eruption was fading, and our attention was directed to the development of moist rhonchi on the right side of the chest, showing the existence of severe bronchitis, with considerable

dullness on the middle and posterior part, and some on the anterior region, of the left side—a common seat of lobular pneumonia in measles. Instead of getting well, the man has remained ill, in this state, exemplifying the general rule, that, when lobular pneumonia is developed, after the subsidence of the eruption, it lasts for a considerable length of time. The signs, by which its appearance is to be detected, are dullness on percussion, with a sub-crepitant rhonchus and a slightly bronchial respiration. In place of attacking the mass of the lung, and rendering it solid, the inflammation appears in the isolated lobules, leaving amongst them portions of the lung still permeable to the air, which prevent the development of loud bronchial respiration. The respiration, in the very early stages of the disorder, and in the portions of the lungs which are not inflamed, is not lost, but rendered louder, and roughened.

In the case of the boy Perry, the pneumonia appeared on the eleventh day of the disease, after the eruption had entirely subsided, no traces of it being left but a few copper-colored spots. His right lung was attacked, as is commonly the case; perhaps, from its greater size, and from the circumstance of the patient's lying upon the right side. The lower, and not the middle and upper lobes, was attacked; in this respect, as well as in others, it is like ordinary pneumonia, but differs from it in the loudness and looseness of the crepitus, which ceases in regular inflammatory pneumonia, as soon as the entire substance of the lungs becomes solidified. In this boy's case, as in that of Morris, convalescence has been very slowly established, and is yet by no means perfect; he is still lingering in a somewhat critical condition. In the case of Morris, I entertained, for a time, some fear of the existence of tubercles, the development of which is thought to follow attacks of measles; I say, is thought, for I am by no means certain that there is any necessary connection between the two affections.

The treatment proper to meet this complication of measles, is necessarily various. At the Hospital des Enfants Malades, during my residence, local depletion by cups and leeches was largely employed by Dr. Guersent. But the debility, consequent on this mode of treatment, was favorable to the reproduction of the disease in other parts of the lungs, especially as the pneumonia was observed almost invariably in children of feeble constitution. The proper rule for the employment of leeches, is to confine it to cases in which there is excessive dyspnœa, and a rapid extension of the pneumonia is going on. It extends through the lung most rapidly, in stout, robust children, and in them leeching does good. In the ordinary lobular pneumonia, as well as in that which follows measles, after one or two cuppings, the best treatment consists in small doses of ipecacuanha. By persevering with this remedy, until the expectoration, or rather the secretion (for with children there is no expectoration, as they swallow the discharge), is freer, the patient is relieved, and we may then complete the cure, by the exhibition of tonics and a generous diet. Above all, attention is to be directed to position. If the child lie constantly on its back, the development of pneumonia is almost certain. It must, therefore, be moved frequently from one side to the other, and be from time to time raised in bed or carried about. In ad-

dition to ipecacuanha in expectorant doses, the sulphate of quinine and some preparation of iron, in small quantities, may be given, combined with a generous diet, if the child should become feeble, and the quantity of red blood should diminish. You will find, that in my lectures, gentlemen, I am not at all disposed to insist on too rigid a diet. I have seen so much mischief result from the continued enforcement of a rigid diet, in the mode of practice which was prevalent in France a few years ago, that it is with great caution, and no little fear, that I venture upon it, except for a short period. In some of the wards of the *Enfans Malades*, the practice was to place the children on a rigid diet, and the results were certainly far from favorable.

In the cases under notice, by pursuing the practice indicated, we have in a great measure succeeded in getting rid of the accidental symptoms. But there is still some cough, and other traces of lingering bronchitis. What is now the proper treatment? It should be principally hygienic. The patients are to go freely into the open air, taking internally, at the same time, some of the milder tonics.

The next accidental symptom, likely to complicate the course of measles, is severe diarrhœa, near to the close or after the termination of the disease. At the *Enfans Malades* the children died in two ways, when measles proved fatal; of lobular pneumonia, during the active period of the affection, and of diarrhœa, at the end of it. The lobular pneumonia usually showed itself at about the sixth day, the bronchitis appearing much earlier; but the diarrhœa did not come on until the eruption was almost over, and desquamation was taking place. If this diarrhœa be but slight, no danger need be apprehended from it, and we rather avoid much interference with it. Indeed, it is generally looked upon as a safeguard to the child, and is, therefore, suffered to run on. But I do not consider the diarrhœa as slight and not to be checked, if it exceeds four, five, or six stools during the day, and continues until it is accompanied by emaciation of the child, with paleness and dryness of skin. This variety of diarrhœa depends upon a particular state of the mucous membranes, in which they are pale and soft, seeming to be acted on by the altered fluids in the body, and instead of being themselves the seat of very active disease. I showed you the other day, at an autopsy, a similar state of the mucous membrane, but occurring in the stomach; in this case, however, it was probably produced by the action of the fluids after death. This state of the mucous membranes, as it occurs in measles, I do not regard as an effect of inflammation, nor is it to be treated as such. Depletion, of any sort, here does no good, nor do remedies especially directed to the bowels always prove of much service. You must act on the skin until its functions are restored, and for this purpose nothing is better than the sulphur bath, made by dissolving the sulphuret of potassa in water. I have seen children recover, at the *Enfans Malades*, under this treatment with astonishing rapidity. It not only relieves the particular symptom, to which it is addressed, but much improves the general condition of the patient. Indeed, it was remarked by Jadelot, that the same remedy, employed for the management of the itch, not only cured that affection, but besides

left the patient in a general state of health and embonpoint. If the sulphur bath cannot be administered, one of warm salt water may be substituted. In addition to this treatment, adapted to the skin, slight opiates may be resorted to, with small doses of ipecacuanha, and astringents, which are supposed by some to act chemically upon the bowels. But depletion, by leeches or cups, must be abstained from, and the diet must be nutritious.

The last variety of accidental lesion, which occurs during measles, is acute diarrhœa during the height of the affection. This complication we have not witnessed during the epidemic at the hospital, though it was a very frequent occurrence at the *Enfans Malades*, in 1832, which was just before the cessation of the Asiatic cholera at Paris. This epidemic of measles was probably similar in its character to that described by Sydenham. It is dependent on acute inflammation of the colon, and shows itself at the most severe period of the eruption; it is attended, generally, with the usual symptoms of dysentery, considerable pain, stools of small quantity containing slime, sometimes patches of false membrane, and blood; in fact, we have a regular attack of acute dysentery, complicating the measles. This complication is, I believe, most apt to occur in the summer months of the year. That is, measles are subject to the general rule of pathology, which determines the nature of the accidental symptoms, attending self-limited diseases. Thus, in the typhous fever, which was epidemic here during 1836, and part of 1837, we had, during the winter, symptoms of the acute affections most usual in winter, as those of the chest, and, in summer, it was complicated with diseases which are endemic in hot weather, as dysentery and disorders of the alimentary canal. Neither of these affections was in any manner a necessary accompaniment to the typhus. The complications of measles follow the same rule, except that both the inflammations of the lungs and the bowels are more frequent than in typhous fever; we have, in other words, very generally, lobular pneumonia occurring in the measles of winter and early spring, and affections of the alimentary canal when the epidemic takes place in the summer months, particularly July and August.

The post-mortem appearances, in this affection, differ from those of ordinary diarrhœa. If closely examined, the colon and rectum are found to be covered with patches of lymph, and their mucous membrane is much disorganized, and of a violet tint, as in severe dysentery. So universal were these appearances on dissection, during the epidemic at the *Enfans Malades*, to which I have just alluded, that a gentleman, who was observing it, thought that he had discovered a new law of pathology, and that there was a constant connection between rubeola and inflammation of the colon. He was, however, mistaken, and from his mistake we may infer the importance of observing with care the phenomena of several epidemics, and of again and again repeating these observations, before we allow ourselves to make from them any general deductions.

The treatment at the *Enfans Malades*, for this dysenteric affection, was the same that is employed in ordinary dysentery. It was attended

with no great success, but it must be remembered that severe dysentery is at all times a difficult affection to treat. The remedies, however, should certainly be the same in the complication we have been speaking of, as in the common variety. In the early stage, we must have recourse to antiphlogistics, with some fearlessness, by leeches and cups to the region of the colon and the anus. This dysentery differs essentially, as I have before said, from the diarrhœa, occurring at the close of measles, and we are to have no fears here about the propriety of an energetic antiphlogistic treatment; it affords prompt and great relief. We may afterwards administer opiates in very small quantities; and moderate doses of ipecacuanha. Calomel is so rarely employed in France, that I have never seen it prescribed in these cases, and have not been able to test its efficacy in this affection, frequently enough to speak of the advantages of using it. The after management of the dysentery of measles is much the same as in common dysentery, except that the former will be found to be of greater obstinacy than the latter usually is.

From these details, then, we deduce the following corollary. In measles, as in other diseases of known duration, we have one constant set of symptoms, as the eruption, and febrile movement with anorexia, thirst, restlessness, &c.; and next, a series of accidental symptoms, which extend from the slight bronchitis, necessary to the affection, to severe bronchitis and lobular pneumonia, and from the slight necessary diarrhœa to diarrhœa of the sub-acute form, and severe inflammatory dysentery. It is to these accidental symptoms that you are to pay particular attention; and by doing so, I am persuaded you will much diminish the mortality of measles, which depends, as in typhous fever and smallpox, on the severity of the accidental complications.

There remain to be noticed some varieties of measles, not observed here in the late epidemic. The first variety may occur in the other exanthemata, and consists in an imperfect development of the eruption. This is not so frequent in measles as in scarlatina; but we have occasionally coryza, a flow of water from the eyes, and cough, with but a very slight eruption, or one that is confined to the face. This is still a genuine, although an anomalous form of measles.

The second variety consists in the severe complication of internal inflammation with an eruption, which disappears soon after the beginning of the disease, and may be looked upon as suppressed. You will have universal bronchitis, the whole mucous membrane being affected with inflammation of an intense character, instead of the usual slight blush. We have then a grave internal affection, occasioned by the want of action on the surface of the body, the disease being, as it were, concentrated in the internal organs. This variety is always attended with great danger. It is to be treated by active counter-irritation of the skin, to supply the place of the absent eruption; for this purpose sinapisms, the warm bath, and the like remedies, are to be resorted to.

The third variety is the black measles, or rubeola nigra. This is no real variety. It occurs in feeble children, in whom the blood is in a dissolved state, as from scurvy; or it may depend on the sudden de-

velopment of lobular pneumonia, preventing the proper decarbonization of the blood in the lungs, and giving it a general dark tint.

These varieties are almost the only ones that you will meet with in practice, and on which it is, therefore, proper to dwell. Rubeola sine catarrho I have never seen, nor do I believe in its existence. Some change in the bronchial mucous membrane is always to be detected; there is a dry rhonchus indicating a thickening of it, or we have at least some traces of a moist secretion. Cough is not a necessary attendant upon a slight bronchitis. It is impossible to decide with certainty upon its non-existence without a very careful examination, and I suspect it is the absence of close observation that has given rise to the variety of rubeola sine catarrho.

I have presented to you to-day but few clinical illustrations, as I was desirous of giving you a somewhat detailed descriptive notice of measles, a disease of so frequent occurrence, and which now prevails epidemically. I have insisted particularly upon the importance of the accidental symptoms which are most frequent, although other organs, as the brain and the wind-pipe, are sometimes the seat of grave lesions, but they are not usually so much affected as the thoracic and abdominal viscera. There is another complication which is not rare in some epidemics, that is the gangrenous sore mouth of children, of which I shall treat at a future time.

Measles is perhaps a more frequent cause of after ill health than any of the other exanthemata. The bad effects of smallpox and scarlatina are usually confined to the course of the disease; they destroy life at this time or soon after. But measles, though less dangerous during the eruption, may leave behind it greater organic lesions than either of the others. The effects of lobular pneumonia and diarrhœa are not easily got rid of; and, after a supposed convalescence from measles, we but too often see our little patients wasting away from emaciation, and, after a lapse of a few months, perish from the consequence of one or other of these dangerous complications.—*Medical Examiner*.

DR. SIGMOND ON EMETICS.

EMETICS deservedly hold a very high station among our therapeutic agents, and have been from an early period employed in medicine; they may be useful either by the nausea they produce, or by the relief which they give to an overloaded stomach. The different states that follow upon their administration are characterized by peculiar symptoms. In the first, or nauseating stage, all the actions by which life is carried on are less energetically performed, and the functions of the different organs are visibly diminished in power. The circulation is less active, the pulse is slow, oppressed and contracted; the capillary vessels are scarcely injected, so that the face assumes either a deadly cast, or a blue appearance; cold, clammy sweats burst forth, the eyes lose their lustre, the lips their natural hue; rigors supervene, the nervous energy is controlled, the highest courage broken down, for both the corporeal and

mental powers become momentarily enfeebled, and life ceases to be a source of desire ; this nauseated state may be kept up for days and for weeks in individuals of peculiar susceptibility, during which death is not unfrequently prayed for, as a release from suffering, but as soon as vomiting occurs, an alteration takes place, which may be either momentary or permanent ; the whole system is roused into action, and every organ is relieved.

The ineffectual efforts to vomit, which are known by the name of retching, are both distressing and dangerous, and therefore demand every assistance that can be given. Some persons who would quickly be destroyed by the train of miserable sensations that are consequent upon nausea, are very much relieved by complete evacuation of the stomach. There are some diseases, however, in which keeping up for some time this nausea is necessary ; and although the means of cure are almost as dreadful to bear, as are the complaints that are made, they must be endured with patience and with submission. The deadly nausea kept up by ipecacuan, or antimony, will sometimes diminish inflammation which would not yield to remedies apparently more active. Thus, occasionally inordinate action in the lungs, or active disease of the eye, is more advantageously controlled by these remedies than by any other ; the fluid in abscesses has been rapidly absorbed ; diseases of the skin alleviated and cured ; purulent ophthalmia has been checked, dropsical effusions dispelled, inflammation of the substance of the brain and its investing membranes has yielded to such treatment, and more particularly if the nausea be mechanically produced, instead of by introducing into the stomach the remedial agent. The worst states of disordered functions of the brain have received their cure from the keeping up in the stomach a constant nausea, by obliging the sufferer to submit to unwonted motion, either by swinging, by being obliged to ride, or to run within the limits of a very small circle.

It is singular to observe the idiosyncrasies of different individuals with regard to the production of this feeling ; with some the riding in the carriage, the movement of any glittering object before their eyes, peculiar sounds, will cause it. Sympathy, or association of ideas, will most strikingly influence this action, even in the strongest frame ; but the power of the will sometimes counteracts the effects, and a determination to exhibit self-command has been known completely to control the sickness even under very trying circumstances.

Those substances only are defined emetics which act by their own innate power, and which do not cause the evacuation of the stomach either by their great bulk, their nauseating taste, their fetid odor, which do not injure the power of the stomach, nor leave behind them any deleterious effect ; otherwise a vast number of mineral and vegetable bodies would be enumerated in this class, which the stomach rejects from the vis insita which teaches it that the substance would, if allowed to traverse the circulation, put a stop to the great principle of life. It would appear from some instances, though they certainly are very rare, that individuals have possessed the power of causing the food swallowed to regurgitate without any inconvenience to themselves, and hence to

have assimilated to that class of animals which are called ruminants, from their voluntarily throwing back the food they have already swallowed, into the mouth, for the purpose of undergoing a second mastication. This chewing the cud, as it is termed, is natural to grazing quadrupeds possessing many receptacles, to which the name of stomach is applied.

The best narrative of one of these cases in the human subject is to be found in one of the volumes of the "*Philosophical Transactions*;" and Dr. Small, the narrator of the phenomena which were exhibited, cites several instances.

The circumstances are various under which the stomach relieves itself, but neither do simple distension, from over-feeding and gluttony, nor acrid substances, necessarily induce this inverted action; life is sometimes suddenly terminated by apoplexy, or by simple distension, without any effort of the organ to unload itself; thus we learn from Sir Everard Home, that a child left by the nurse close to an apple pie, actually eat so enormous a quantity as to fall dead in a few minutes. Upon a close examination after death no remarkable appearances presented themselves, with the exception that the stomach was enormously distended by the pie.

Another instance of this kind is quoted by Wildberg, as it became the subject of a medico-legal inquiry. A very corpulent person, after eating a very hearty dinner, suddenly died; it was well known he did not live happily with his wife, and, therefore, suspicion was excited that she had attempted to rid herself of him by poison. The account that his wife gave of his death was, that no sooner had he despatched his dinner than he dropped off into a sleep, from which, before many minutes had elapsed, he suddenly woke up, called out for fresh air, exclaimed that he was dying, and before the physician who was summoned could reach him, he was actually dead. Upon the examination Wildberg found the stomach so enormously distended with hain, pickles, and cabbage soup, that when the abdomen was first laid open nothing was at first visible but this swollen stomach and the distended colon. At first some observation was excited by the discovery of a whitish powder, deposited in the folds of the stomach, and it was suspected that it would prove to be arsenic, but upon analysis it turned out to be magnesia, which he was in the frequent habit of taking; the pressure of the contents of the abdomen had pushed the diaphragm high up into the cavity of the chest; the brain, which was carefully examined, exhibited no traces of any alteration of structure, nor of any particular congestion.

Rupture of the stomach is more likely to occur, but even this is an unusual circumstance; it has, however, been known to follow both upon distension and upon ineffectual efforts to vomit. Lallemand, in his "*Inaugural Dissertation*," relates a very remarkable instance. A female, who had just recovered from a long attack of dyspepsia, was foolish enough to attempt to make up for her long restriction in diet by taking an inordinate quantity of food. In a very short time she was seized with a sense of oppression and weight in the stomach; there was nausea, with fruitless attempts to vomit. She suddenly uttered a piercing

shriek, exclaimed that she felt her stomach tearing open ; she then ceased to make any effort to vomit, became insensible, and died in the course of the night. There was found in the stomach a laceration five inches long, and a great deal of half-digested food had escaped into the cavity of the abdomen. In this case the pylorus was found indurated, which had doubtless been the cause of the dyspepsia, and may likewise account for the stomach being unable to pass the food into the duodenum.

Where full vomiting takes place without any particular sensation, and where the nausea has not been of a distressing nature, great relief is experienced in very many states of morbid function, and it not infrequently occurs that a complete evacuation of the stomach, such as that which occurs during a protracted sea-voyage, rather promotes the general health than leaves behind any mischievous effect ; for a complete ablu-tion, as Cullen has called it, of the plicæ, or folds of the stomach, is its consequence, with the removal of the mucus or sordes that may have long been collected, and served almost as a mechanical impediment to the proper digestion of the food, its conversion into alimentary matter, and its regular discharge into the intestinal canal, the influence extending far beyond the stomach itself, for those important viscera which aid by their secretions the assimilating organs, the liver and the pancreas, are called into action ; and with the inverted motion of the stomach the intestines sympathize ; they likewise associate their action, and they pour forth from the surface nearest to the stomach their contents, whether they be half-digested food, bile, pancreatic juice, or mucus. At one period it was supposed to be a criterion of the due effect of the emetic when there was a tinge of biliary coloring matter in that which was ejected, or if a taste of great acidity pervaded the mouth and fauces. Some emetics distress individuals more than others, and probably ipecacuan is the one, of all others, best adapted for general use ; for, though the preparations of antimony are very valuable to us, and more particularly as they very frequently act as well upon the bowels and produce copious evacuations, they are very apt to lower the general tone of the system, to produce much nausea and depressing sensations ; and this occurs more particularly in young children, in whom, sometimes, great distress is produced and long kept up by these salts. There is considerable attention necessary in fixing the dose of each emetic, observing the time at which it is best administered, and the particular state of the pulse, the secretions, and the skin. A small or medium dose of some of the emetics is to be avoided, for the result is great nausea, with ineffectual efforts to vomit ; while an inordinate dose greatly disturbs the stomach, and leaves it in a dyspeptic state ; but, of the two, the small dose is most mischievous, for in this case the whole system suffers, whilst, where the great quantity has been given, the organ itself only is affected, and although there will always be a great sympathy between it and the whole frame, still it recovers itself more rapidly, and is soon brought back to its former condition.

The operation frequently takes place some time after the emetic has been taken ; ten minutes or a quarter of an hour generally elapse. Although we possess some drugs which instantaneously produce this effect, still we

are seldom desirous that they should be employed, for the more gradual influence is much more useful in the cure of disease. The stomach, in most instances, ought to be allowed to act upon the substance, and by its own chemical power to divest the emetic of such extraneous matter as may be devoid of any active agency; hence ipecacuan is preferred to the emetic principle it contains. Disease has very considerable influence upon the power of each of these agents, independent of idiosyncrasies, which lay individuals more open to the rapid discharge of the stomach. Thus, we generally find that in diseases attended with much fever, vomiting is easily excited; in almost all the exanthematous diseases this is very strongly marked: in persons laboring under smallpox more especially, and small doses only are necessary. On the other hand, in diseases of the brain and of the nervous system, attended with spasm, the difficulty of obtaining this end is very great. In mania, in melancholia, in hypochondriasis, we notice it, and likewise occasionally in epilepsy, in chorea, in tetanus, and in hydrophobia; and in these cases, though the deadliest nausea is produced by tobacco, the vomiting does not occur to give relief. It occurs often, where you have no immediate necessity of giving the emetic, that you may delay it until the following morning, and greatly increase its effect by the administration of a narcotic on the patient's retiring to rest. When the vomiting has commenced it is right to assist the stomach by diluents which have some slight bitterness if possible; hence camomile infusion is so generally used, and the slight tonic effect that is left behind is of service; by such means a general washing out of the viscus takes place, and no remains of the drug employed are left behind to keep up that state of irritation which is the consequence of the want of this proper precaution.

The secondary operation is very serviceable, for the system is gently excited; the perspiration promoted, an inclination to sleep comes on, which, if indulged in, is found to be very refreshing, and from which the individual generally awakens relieved from those impressions from which he has been suffering. That there are many states in which they are very prejudicial there can be no doubt, and that they are doubtful in others; but, upon the whole, they may be considered amongst the most useful of the instruments which have been placed in our hands, and I shall, as I bring each of them before your consideration, dilate upon the advantages we have obtained from its use. I shall not enter upon the theories that have been advanced to account for their operation, for each person has his own, and none are perfectly satisfactory. That the action of emetics is intimately connected with the brain, our knowledge of a vast number of facts has shown to us, and there may be circumstances under which the stomach is a mere passive organ, but this is not universal. That a retarded circulation produces it, intoxication shows, and hence bleeding will often prepare the stomach; but I think we must rather feel that it is not one set of causes that invert the usual action, but that there are many. Magendie, Darwin, Boerhaave, and many others, have attempted to explain the phenomena that we witness, but to them I prefer referring you rather than to attempt to elucidate their views, or to offer my own.

GUACO.

To the Editor of the Boston Medical and Surgical Journal.

A PLANT, bearing this name, was discovered several years ago in the mountains of Venezuela, which is said to possess surprising virtue as an antidote to poisons, whether infused by venomous reptile or rabid animal. Silliman's Journal for April, May, and June, 1833, contains a long letter from Dr. Johnson, of Philadelphia, describing its properties, and enumerating the cases in which it is administered with success. Doubtless many of the marvellous stories that are told of its healing powers are fictitious, yet it seems to be too extensively used to warrant the belief that it is a useless herb.

A small quantity of the juice of the above named plant is received, and will be furnished to the Faculty, gratuitously, on application to

EBEN. WIGHT, *Apothecary.*

No. 46 Milk Street, Boston.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 8, 1838.

A NEW VOLUME OF THE JOURNAL.

To day is issued the first number of the *ninetcenth volume of the Boston Medical and Surgical Journal*. We are reminded of the ceaseless progress of time, by looking at the eighteen volumes of this work. To have had the task imposed of constructing such a mass of matter, would have appeared the labor of a long life; yet by little and little it has accumulated, and instead of considering the obligation we are under to our readers in the preparation of this periodical, in the light of a disagreeable contract, we always refer with pleasure and delight to the hours, days, weeks and years in which we have been engaged in chronicling whatever could be serviceable to the professional reader. The time spent upon these volumes has made a draft upon the most vigorous and buoyant portion of life; however, we look back with no regret, but forward to many more revolving years, with the desire to merit the approbation, of an intelligent medical public, which has invariably been bestowed through the entire series of this Journal.

We very much dislike, in this connection, to allude to the subject of the delinquency of subscribers, as we know that to the majority of our readers such notices have no reference, and are therefore uninteresting to them. But as the amount of subscriptions from this majority is not sufficient to pay the necessary expenses of the Journal, we are compelled either silently to give up a proportion of income which cannot be well spared, or endeavor to convince those who are interested, of the inconvenience occasioned by their neglect. It is by reason of this annual loss that we are compelled to forego, from year to year, the adoption of several plans for the improvement of the Journal, which have long been contemplated, but which cannot be carried into effect without more ample means than are now furnished. It is this cause, also, which

in times past has been the death of so many medical publications in the United States, and from which all are now more or less suffering. Several of them are adopting a remedy for the evil, which, we are inclined to think, must eventually be adopted by all. Notice was given in the last number of the Cincinnati Medical Journal that no numbers of that work would be sent hereafter to any one who had not forwarded payment for one year in advance. The Philadelphia Medical Examiner is published on the same plan. We have never yet fully adopted this method with regard to old subscribers; but are persuaded that in no other way can a periodical of any kind be circulated in distant States without the certainty of a loss which few publishers can afford to sustain. It would be a cause of astonishment to any one not acquainted with such matters, to see the notices, which we are constantly receiving from postmasters, of the removal, to some unknown place, of subscribers whose subscriptions have remained unpaid for different lengths of time. There are several thousand dollars now due for the Medical Journal from such individuals, many of whom, doubtless, send for some other medical work on arriving at their new places, and manage with them in the same way. On this account it would be well for the different medical journals in the United States to publish a list of such individuals, for the benefit of each other. We are glad to see that such a course is to be adopted by the Southern Medical Journal, which we learn from the following notice, copied from the last No. of that work.

"We shall say no more to unjust subscribers at present, but would take this occasion to notify them, that for the benefit of all concerned, we shall publish in our next No. a list of the names of those honest M.D.'s who have, after receiving the Journal six, eight, and some as long as nine months, sent, through the postmaster, their 'refusal,' or who have left their former residences without notifying us, or settling their accounts."

The following paragraph has been published in several periodicals, and so forcibly does it express the truth in relation to a majority of such cases, that we are induced to copy it here.

"He who orders a paper, or periodical, and after receiving and enjoying it for a year or two, changes his place of residence without notifying the proprietor of the fact, or orders a discontinuance without paying up arrearages, is just as guilty of ROBBERY, in the truest sense of the term, as he who breaks into a dwelling-house at midnight, and bears away the plate or jewels thereof."

We are aware that there has been, and still continues to be, much difficulty in some of the Southern and Western States, in procuring paper money which can be used at the North. Where this, or any other reasonable excuse exists, we are always ready, when a disposition to deal fairly is manifested, to accommodate subscribers. This objection need not be urged, however, by any distant subscriber who can procure current bills of the State of New York, for such bills, as well as all current ones in New England, are received without discount. Those of most of the southern cities would also be preferred to a long delay; and, in fact, any kind of bills, if current where issued, would be better than none.

Our correspondents, for whose favors during the last six months we are truly grateful, it is hoped will resume their contributions when the present sultry season is succeeded by one which is more favorable to mental effort.

Berkshire Medical Institution.—An impression has gone abroad that the explosion of a powder magazine near the college edifices, a few weeks ago, essentially injured the property, and proved particularly disastrous to the anatomical cabinet ; which is calculated to affect the interests of the school, and perhaps deter many from going there the ensuing term, from a belief that the course of instruction must consequently be defective for the want of valuable objects of illustration. It gives us much pleasure to assure the medical reader that the damage was greatly overrated. Perhaps the prospect was never brighter in any former year, than at present, of doing the students ample justice. A letter from one of the faculty, explanatory of the nature and extent of the damage which the institution sustained, warrants us in speaking very decidedly and positively in regard to the preparations for the forthcoming annual course of lectures—beginning on Thursday, August 23d.

Guaco Plant.—It is of considerable importance to have a decided and careful inquiry instituted in relation to the value of the Guaco, referred to in Mr. Wight's communication on another page. As he offers the article freely to all who ask it, it would be well for those who are disposed to test its medicinal virtues, to send seasonably, before the whole quantity in the gentleman's possession is exhausted.

Stammering cured.—Dr. Andrew Comstock, at No. 100 Arch Street, Philadelphia, announces the opening of an institution under his care for the relief of stammerers and improvement in elocution. It is probable that some new and perhaps successful mode has been devised, of consequence to that unfortunate class for whom the lyceum is now opened. His references in this city are of a very satisfactory kind.

Curious Fact.—The Rev. Lemuel Potter, of the Second Baptist Church in Lowell, communicates the following fact to the Lowell Courier :—A young lady of that city, daughter of Mr. Levi Atwood, who has been sick for some time, and was supposed to be in consumption, on Saturday, the 14th of July, vomited between three and four hundred insects, resembling maggots. Some of these were placed in a bottle of white glass and soon changed into the chrysalis state. On Thursday, July 26, they became the common house fly. The question now arises, how did these common flies introduce their eggs into the stomach of this person ? It is suggested that she may have received them upon lettuce, or other food, and that her stomach, being diseased, retained and hatched them. Although strong emetics were given her, no more have appeared since the 14th.

Horrible Ravages of Smallpox among the Indians.—The steamboat Antelope, of the American Fur Company, reached St. Louis July 18. The St. Louis Republican says :—"The agent of the company reports that the smallpox had ceased its ravages among the Indians higher up the Yellow Stone. The Assineboines are said to be extinct, and most of the Blackfeet have fallen victims. It was believed that more than 25,000 have died of the disease, and that it would not stop short of the Pacific Ocean."

Tubercles.—Tubercles are not more frequently observed in the lungs of persons who died while affected with pulmonary emphysema, or after long pulmonary catarrh, than in those who have died of other disorders.—*Louis.*

TO CORRESPONDENTS.—We beg leave to express our thanks to those gentlemen who have so promptly responded to the request recently made through these pages, that catalogues of medical schools, &c., in the United States, be sent to the address of this Journal. Documents are constantly arriving. We still have more difficulty, however, in obtaining the names of officers in these Societies, than in procuring any other kind of statistical medical information.—The paper on the Avon Springs was received too late for this No.

DIED.—In Hagerstown, Md., Dr. Samuel Young, in his 100th year.—Drowned, in the Mississippi, evening of May 20, near Charleston, Wisconsin Territory, Obed Marshall, M.D., formerly of Nantucket, and lately a practitioner of medicine in Charlestown, Mass.

Whole number of deaths in Boston for the week ending August 4, 41. Males, 22—females, 19.

Consumption, 4—asthma, 1—burn, 1—cholera morbus, 2—cholera infantum, 5—dysentery, 2—mortification of the bowels, 1—drinking cold water, 2—infantile, 4—typhous fever, 1—fits, 1—drowned, 1—dropsy in the brain, 1—accidental, 1—old age, 2—marasmus, 1—teething, 3—dropsy, 1—quinsy, 1—hooping cough, 1—brain fever, 1—bleeding at the stomach, 1—child-bed fever, 1.

HARVARD UNIVERSITY—MEDICAL LECTURES.

THE Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by	- - - -	Dr. J. C. WARREN.
Midwifery and Medical Jurisprudence, by	- - - -	Dr. CHANNING.
Materia Medica and Clinical Medicine, by	- - - -	Dr. BIGELOW.
Principles of Surgery and Clinical Surgery, by	- - - -	Dr. G. HAYWARD
Chemistry, by	- - - -	Dr. WEBSTER.
Theory and Practice of Physic, by	- - - -	Dr. WARE.

Circulars of the Medical and Surgical Practice of the Hospital may be had of the Dean.

Boston, July 23, 1833. Aug 1—tN WALTER CHANNING,
Dean of the Faculty of Medicine.

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Prize Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz. :—

JOHN C. WARREN, M.D.	GEORGE HAYWARD, M.D.
RUFUS WYMAN, M.D.	JOHN RANDALL, M.D.
GEORGE C. SHATTUCK, M.D.	ENOCH HALE, M.D.
JACOB BIGELOW, M.D.	JOHN WARE, M.D.
WALTER CHANNING, M.D.	

At the Annual Meeting of the Committee, on Wednesday, August 1. 1838, a premium of fifty dollars, or a gold medal of that value, was awarded to Edward Warren, M.D., of Boston, for a Dissertation on the question, "What are the causes, seat and proper treatment of Erysipelatous Inflammation?"

The following Prize Questions for the year 1839, are before the public, viz. :—

1st. "The pathology and treatment of rheumatism."

2d. "What is scrofula? and what is its best mode of treatment?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1839.

The following questions are now offered for the year 1840, viz.—

1st. "The pathology and treatment of typhus, and typhoid fever."

2d. "The pathology and treatment of medullary sarcoma."

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday of April, 1840.

The author of the best dissertation on either of the above subjects will be entitled to fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.—

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

ENOCH HALE, Secretary.

Publishers of Newspapers and Medical Journals throughout the United States are respectfully requested to give the above an insertion.

Boston, August 4, 1838.

Aug 8—4t

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms :

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry, by DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica, " DR. WARE.
On the Principles and Practice of Surgery, " DR. OTIS.
On Anatomy, " DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

Oct. 18—tf

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

July 25—coptN—cmJy

BERKSHIRE MEDICAL INSTITUTION.

THE annual Course of Lectures for 1833, in this Institution, will commence on the 23d of August (the last Thursday but one in the month) and continue thirteen weeks.

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Pittsfield, Mass., 20th June, 1838.

R. WATTS, JR., *Dean of the Faculty.*

tAug23

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Blandford, Mass., August, 1838.

Aug 8—6w

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance or satisfactory reference.—Postage the same as for a Newspaper.

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THE

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WEDNESDAY, AUGUST 15, 1838.

[NO. 2.

SMALLPOX AND VACCINATION IN CEYLON.

[OUR latest numbers of the India Medical Journal contain a letter, by J. Kinnis, M.D., of Ceylon, addressed to the inhabitants of that island, on the advantages of vaccination. He appears to have collected all the local facts relating to the subject, which could possibly be obtained, and has arranged them, with the most convincing arguments, in a manner the best calculated to arouse attention to the importance of this mild preventive of one of the most loathsome of diseases. We have selected some of his statements for republication in the Journal, which will be found interesting and not without their value to the medical practitioner in every part of the world.]

For many years previous to the introduction of vaccination, great devastation was committed annually, in this island, by smallpox; according to the most moderate computation, it carried off a sixth part of the whole population; for eight years it had been at all times prevalent, in a certain degree, in the pettah, and scarcely ever failed to visit Colombo and prevail epidemically in the months of October, November, and December, during the north-east monsoon, when the port was open, and much resorted to by small craft from the opposite coast. In 1799 it appeared in the pettah of Trincomalie, where numbers died daily; and in that and the following year committed considerable ravages there, and "still more in the other parts of Ceylon, particularly in the south-west side, where it occasioned so great a mortality as to be considered in the light of a pestilence—in consequence of which the natives deserted their villages and infected relatives, on its first appearance, to the great diminution of the revenue, and the infinite distress and misery of the inhabitants." In the middle of July, 1800, it "broke out suddenly in Errore and Undewally (*Vandermal*, Cordiner), two villages in the neighborhood of Batticaloa, and so great was the panic occasioned amongst the inhabitants, by the appearance of the infection, that all those in health immediately deserted their habitations and left the helpless sick without any assistance." The elephants, chetahs, and wild hogs soon after "came down from the jungle; broke down the fences; destroyed and rooted up the trees; ate the stores of paddy and other provisions; and, what is still more horrible, carried off some of the sick, or at least consumed the bodies of the deceased. It is certain that in one house, where three sick persons had been left, not a vestige of even their remains was to be found on the return of the inhabitants." "On such occasions, the hus-

band forsakes his wife, the mother her children, and the son his father, often leaving them in their miserable huts to the ravages of famine, and the wild beasts of the forest." Dr. Christie, superintendent of hospitals, accompanied by Mr. Cordiner, chaplain to the garrison of Colombo, visited Errore and Vandermal "on the 4th September, at which time the infection had ceased, and the people had begun to return to their usual habitations; but found their former residence (lately a flourishing village) almost entirely waste and desolate, in consequence of their precipitate desertion." "The ravaged orchards exhibited scenes of terrible devastation; the mangled trees were strewed on the ground; the straw stripped from the roofs of the cottages; the surface of the earth broken up and filled with hollows; the fences shattered; earthen pots, the simple utensils for culinary purposes, wheels, reels, looms, and all the apparatus of the weavers, lying useless and forsaken." "Of the diseased in Vanderinal forty people died and ten recovered." In Errore, "out of thirteen infected persons six had died, and the others had just recovered and were in a miserable state."

The distresses here described could not fail to attract attention, and the honorable Frederick North, the humane and benevolent Governor, established at Colombo, Calle, Trincomalie and Jaffna, smallpox hospitals for the reception of patients laboring under the natural disease, and for the purpose of promoting inoculation: at the same time he appointed medical attendants to take care of the infected in their villages.

From the first of October, 1800, to the 30th September, 1802, the number of patients, with natural smallpox, treated by the medical overseers in the different hospitals and villages, was 2,110; of which number 473 died, being in the proportion nearly of 1 to $4\frac{1}{2}$; and the number of inoculated patients amounted to 4,158; of which number 108 died, being nearly in the proportion of 1 to 38.

Vaccination, in this island, was first successfully performed at Trincomalie, on the 11th August, 1802, with dried lymph sent from Bombay, and was speedily communicated by living subjects, or impregnated threads, to every other part of the maritime districts. Variolous inoculation being prohibited, the smallpox hospitals suppressed, and the medical superintendents and overseers transferred to the vaccine establishment, vaccination was practised every morning by all the European surgeons in the island; and those who were stationed in Colombo, in their anxiety to stop the progress of the epidemic smallpox, then prevalent, as well as to satisfy the eager wishes of the natives—who flocked in crowds to the vaccinator, seeking security against that dreadful malady—labored the whole day, and after vaccinating a hundred persons each, were often obliged to put off many additional applicants to another opportunity. In little more than three months, upwards of ten thousand persons were vaccinated in different parts of the island. So early as the end of 1802, almost every one susceptible of infection had, in many villages, submitted to vaccination; the natives in general placed implicit confidence in its efficacy, in preventing smallpox, and that disease had been banished from Hambantotte, after prevailing there from the preceding October. During the first eight months, or up to the end

of April, 1803, the number vaccinated was estimated at fourteen thousand at least; within that year nine thousand persons, chiefly in the south-west parts of the island, were vaccinated, and smallpox *was banished from the district of Colombo, in the pettah of which it had been at all times prevalent for nine preceding years.*

In March, 1804, vaccination had got into disrepute, and became extinct at Jaffna, from the introduction of a spurious disease in its stead, after passing through which, several persons had caught smallpox and died; but Dr. Christie, having spent the greater part of the month there, and introduced the genuine disease from Trincomalie, the practice was thenceforth as successfully and rapidly extended as in any other part of Ceylon, though the Malabar inhabitants had shown much more aversion to vaccination than the Singhalese of the south and south-west parts of the island. By April, 1804, twenty-one thousand individuals had been vaccinated, and smallpox *had been banished from the populous districts of Galle and Matura, as well as of Hambantotte and Colombo.*

From the time when smallpox had disappeared in Colombo, the indifference of the people to vaccination increased daily, and the vaccinators were frequently obliged to search for them in their villages; so that with all their exertions, not above eight thousand were vaccinated in 1804. The prevalence, or reported prevalence, of smallpox in the Kandian country in the month of May, 1805, created alarm in the frontier, and increased the number of applications for vaccination, and in *January, 1806, smallpox was extinct in the district of Jaffna*, where it had been kept up longer, from the cause already mentioned, than in other parts of the island.

In the following February a man landed from the Coast with smallpox, during the pearl fishery at Aripo; and the disease being communicated to a few others, was carried to Colombo, on the breaking up of the fishery in April, but did not spread to any extent: no one who had been vaccinated caught it; and the alarm created by its appearance greatly increased the number of vaccinations. In January, 1807, smallpox appeared and spread in the district of Trincomalie, and from thence found its way to Jaffna; *but was banished from both places during the year by the beneficial influence of vaccination.* The number vaccinated was considerably greater in this than in any former year, particularly amongst the Malabar inhabitants of the Trincomalie and Jaffna districts, amounting to 21,870, or nearly double the annual average of the period which had then elapsed from the introduction of vaccination. From May, 1806, through 1807, occasional cases of smallpox occurred in Colombo pettah; but *in January, 1808, the disease was extinct not only in the Colombo district but in the whole of the British possessions in Ceylon.* On the 31st of that month, however, it was imported into the district of Galle by a Maldivian boat from Bengal: a large proportion of the crew died, and the disease was communicated by a fisherman, who had visited the boat on its first arrival, to two or three inhabitants of the neighborhood; but it spread no further. In 1808, 26,207 persons were vaccinated,

Smallpox existed in no part of the island from February, 1808, to Oc-

tober, 1809, when it was carried to Jaffnapatnam by a country boat from Quilon. The contagion spread to a few individuals, in the pettah only, who had not been vaccinated, and was introduced by a civil prisoner into the jail of that place; but its progress was immediately arrested by the indiscriminate vaccination of all the prisoners; and it found its way to no other part of the island, except to Putlam, where a cooly from Jaffna was taken ill of the disease in December, and recovered without communicating it to any other person. On this, as on all similar occasions, the appearance of smallpox had the good effect of proving the preservative efficacy of vaccination, and of rousing the people from their apathy in regard to it; for no fewer than 1830 persons were vaccinated in the district of Jaffna, in the two last months of 1809, and amongst them several Bramins, men and women, who had hitherto declined submitting to the operation. Yet the total number vaccinated in 1809 was five hundred less than in 1808, being 25,697.

In January, 1810, there remained only six cases of smallpox in Jaffna; the disease was kept up for some time longer by one of the native headmen, who persisted in inoculating with variolous matter, in defiance of a government order forbidding it; and smallpox was detected the same year in several other districts, but did not spread to any extent; only one case occurred in the district of Colombo, in a person who was ascertained to have brought the disease from the Kandian country, and there was no instance of any one who had gone through cowpox having received the contagion. The presence of smallpox this year seems to have given an unusually strong impulse to vaccination, for the number vaccinated was 35,076, or more than double the annual average of the preceding eight years.

In February, 1813, two recruits for the second Ceylon regiment, laboring under smallpox, landed from the Coast at Chilaw; but the disease did not spread, and with this exception we find no mention of it from 1810 to the middle of 1819; and this *inestimable blessing was conferred on Ceylon by vaccination.*

The absence of smallpox from the island for so long a period had the unfortunate effect of causing an annual diminution in the numbers vaccinated, from 35,076 in 1810, to 13,010, in the maritime districts, and 13,563 in the whole island in 1818. Vaccination had been first introduced into the Kandian provinces so lately as September, 1816, and the total number vaccinated therein, up to the end of June, 1819, was 8,291. In the middle of that year, therefore, a great proportion of the inhabitants of the maritime districts, as well as of the Kandian provinces, were unvaccinated; and it is now my painful task to draw your attention to the lamentable consequences of this want of ordinary prudence and foresight—of this strange indifference to the future welfare of themselves and of their families.

Smallpox was introduced in the month of July, 1819, by the master of a dhoney from the Malabar coast, and was first discovered in Banks-hall, Colombo pattah, among some families who had concealed him. It spread rapidly, seized in a very short time a vast number of people, soon overstepped the bounds of the Colombo district, and, making its way to

the Kandian provinces, there committed great ravages. On the first appearance of the disease, hopes were entertained that it might be prevented from spreading by regulating the communication with infected persons; but it was soon found that the contagion had diffused itself much more widely than had been suspected, and it became necessary to adopt other measures. With the view, therefore, of arresting the progress, and saving as many people as possible from its grasp, all the means that the country afforded of carrying vaccination into effect were placed at the disposal of the vaccine department. Nor did the care of the government "stop with the means of increasing the practice of vaccination—it extended itself to providing accommodation, food, and medical attendance, for such unfortunate sufferers from the disease as were willing to avail themselves of them. The charitable hospital in the pettah of Colombo was thrown open for the reception of smallpox patients, and establishments for the reception and care of patients of the same description were made at every post in the maritime districts and Kandian provinces, at which a medical officer was stationed. These establishments were soon crowded with sick, and the returns from them, observes Dr. Farrell, "evinced at once their utility and necessity." In Kandy, also, an attempt was made to check the progress of the disease, by separating the sick from the healthy; but notwithstanding every exertion, the hospital became crowded and inadequate for the accommodation of all the candidates for admission. It was, therefore, necessary to confine the admissions to the more indigent and destitute of the afflicted; and "indeed a large proportion of the patients, latterly received into the hospital, were individuals whose relations had completely deserted them. Thus abandoned by every one, they were often found lying in the streets, in a very advanced stage of the disease. People were appointed to convey cases of this kind to the hospital, where, although in many instances little could be done for them, in regard to the exhibition of medicine, they received that attention which their condition required.

During the six months, terminating on the 15th January, 1820, in the maritime districts alone, 5,451 persons were ascertained to have had the disease, and 1,745 to have died, being nearly in the proportion of 1 to 3, or more exactly of 10 to 31: and, during the five months terminating on the same day, in the Kandian provinces, 2,423 were admitted into hospitals established for their accommodation, and 1,200 died, being nearly in the proportion of 1 to 2: into the Kandy hospital alone 931 persons were admitted, and 525 of them died, being in the proportion of about 10 to 18. The total number of cases reported to government in the six months, during which chiefly the disease seems to have prevailed, was 7,874; and the total number of deaths 2,945, being in the proportion of 10 to 26.

[To be continued.]

THE MINERAL SPRINGS AT AVON.

[Communicated for the Boston Medical and Surgical Journal.]

ALIBERT has truly observed, "*La science des eaux minerales est à re-faire ;*" for however advanced their chemical history may be, their medical history has received very little attention. It is true, analyses have been published of a few of the most celebrated mineral waters in the United States, and their chemical constitution has become generally known ; but very little has been said of their medicinal properties, and application to the cure of diseases. We are told, for instance, generally, that certain waters are useful in rheumatism of the inflammatory grade ; we are not informed, however, in what particular stage of that disease they are useful, or what is the proper mode of using them.

"To know the composition of a mineral water," says Bergman, "is to outrun, in some degree, our experience." A medicinal compound is presented for our consideration ; if it be composed of substances, the medicinal efficacy of which is known and appreciated, a knowledge of the laws of the animal economy will serve to instruct us what its action on the human system will be. In regard to many mineral waters, there is, it is true, a great discrepancy between the deductions of experience and those of analysis. This may be accounted for, by considering the powerful efficacy of pure water apart from all the foreign ingredients which it contains ; and again, it is not improbable, that the action of some waters which contain but very minute proportions of certain medicinal agents, is proportionate, not to the quantity of these agents, but to a change produced by them in the other constituents of the waters. The activity of the Bath and Buxton waters is, as yet, wholly unexplained by analysis ; and many cures have undoubtedly been effected by waters remarkable for their purity.

An intimate acquaintance with the effects of the constituent principles of any compound, separately considered, is of great importance, in order to enable us properly to appreciate the share of influence which each has in its general effect. Viewing, in this manner, the nature of the hydrosulphurous waters of Avon, we find them distinguished for the large quantity of free hydrosulphuric acid (sulphuretted hydrogen) which they contain—a compound, as is well known, of sulphur and hydrogen.

Sulphur* is a laxative and diaphoretic ; its action on the mucous membranes, particularly those of the lungs, entitles it to some consideration as an expectorant ; it increases the secretions from the alimentary canal, and solicits the excitement of the fluids towards the skin. In some diseases of the skin, it is considered one of the most essential remedies we possess. The change in its chemical constitution, which follows its union with hydrogen in mineral waters, appears to modify and increase its therapeutic action.

Again, we find Avon water impregnated with an alkaline carbonate

* It is not to sulphur, but its various combinations, that is due the character of hydrosulphurous waters. Sulphur is not soluble in water ; but the hydrogen, the oxygen, and the alkalies, combine with it readily, and form compounds which are soluble in water and mineralize it.

(carbonate of lime), which substance manifests a peculiar action upon the lymphatic system of vessels, producing the speedy resolution of glandular engorgements and indurations, both cellular and visceral; its effects on the urinary organs are manifested, both by exciting them to action, in the same manner as diuretics properly so called, and also by changing their secretions; hence it is used in scrofula, and some diseases of the bladder. The sulphates of lime, magnesia, and soda, are other compounds found in this water. The last two are saline aperients, or purgatives, according to the dose in which they are administered; and the efficacy of this water in increasing the discharges from the alimentary canal, is, in a measure, to be attributed to this impregnation.

The *chloride of calcium* is, in small doses, a tonic or deobstruent; and has been successfully used in typhous fever, ill-conditioned ulcers, and in some diseases of the skin.

The medicinal effects of the substance should, we think, be considered as of two kinds: first, its *immediate* action upon the human system; and second, its *curative* effect in the removal of disease. This is another substance which is found in small quantities in these mineral waters.

In viewing the phenomena which very soon follow the internal use of the Avon water, it is important that we designate the peculiar action which is the foundation of all its curative effects.

This *primitive* or fundamental action is modified by a variety of circumstances, so that some degree of obscurity envelopes it; other things being equal, however, it is more or less intense, according as the constitution and temperament of the patient, and the nature of his disease, render him more or less susceptible. This effect is an increased action of the heart and arteries, as exhibited by a greater fullness, strength and frequency of pulse, a general sensation of warmth, a flushing of the face, and other evidences of increased action, which vary much in different individuals. Plethoric subjects, on using this water without due precautions, experience a heavy and dull sensation of the head, a propensity to sleep, and other symptoms which indicate a determination of the fluids towards the head. Others, again, whose stomachs are preternaturally irritable, experience a distressing nausea for some time after its use, or reject it altogether by vomiting. Particular local diseases determine the effect produced by this agent, and serve to explain the mode of its operation. Where local inflammation has existed, and the part has not yet recovered its power of resisting morbid impressions, a return of the previous inflammation may be induced by its incautious use. Cases of this nature are frequent; one, however, will serve to illustrate my meaning.

In the summer of 1833, I was called to visit a young gentleman from Middletown, Connecticut, 18 years of age, suffering from a renewed attack of acute rheumatism. He had resorted to these springs by advice of a distinguished physician, when but partially recovered from a long and painful course of this disease. Instead of using the quantity prescribed by the physician, he drank, in three days, nearly four gallons of the water; and the result was, as might be expected, a renewal of

this painful malady. In short, this immediate effect sometimes consists in a febrile excitement, not morbid, which restores the action of the weakened organs, and rouses them from their torpid and engorged state; the skin, the cutaneous and sub-cutaneous tissue, the urinary organs, the intestinal and pulmonary mucous membranes, become vividly excited, and the excitement is frequently prolonged for some time after the use of the waters; sometimes, even for weeks.

This *primitive* action of the Avon water produces, consecutively, *secondary* or curative effects, which are, a perceptible increase of the secretions from the alimentary canal, the augmentation of the cutaneous and pulmonary respiration, and of the secretion of urine; in other words, they become cathartic, diaphoretic, expectorant and diuretic.

In regard to the cathartic operation of this water, we find some upon whose digestive organs it acts promptly and effectually; others, again, upon whom the largest doses produce not the slightest effect. In some cases, the water acts readily at first; and, in a short time, perhaps after the first week, seems rather to produce constipation. This disparity of action we conceive to be owing to some peculiar state or condition of some of the organs of the individual using the water, which renders them more or less susceptible to its influence; what this state or condition is, in the present imperfect state of our knowledge of hydrosulphurous waters, it is impossible to determine: a long course of observation and numerous cases are necessary to decide with any degree of exactness. In some cases which I have seen, the stimulant effect has been perceptible upon the skin solely; and it would appear probable, that the excretions from the cutaneous surface were so abundant as to deprive the system of all the products of intestinal action. Generally four or six half pint glasses, drank during twenty-four hours, produce a mild cathartic effect; and under its long-continued use to this extent, no debility ensues, but, on the contrary, the appetite and strength are very much increased.

It is, however, for its action upon the skin particularly, that this water is conspicuous. This increased activity which the functions of the skin receive, is manifested by an itching sensation, or, as it has been described, a feeling similar to that of the stinging of small insects; and there is often a florid color of the body, showing the high degree of capillary excitement produced. There is also, in most cases, a sensible increase of perspiration; and frequently, even gentle exercise produces profuse sweating. The unctuous feeling of the surface of the body, on leaving the bath, also shows the capacity of this mineral water to cleanse the skin: the alkaline carbonate, which is one of its component parts, forming a species of soap with the oily matter collected upon the epidermis.

“As a striking example of their alterative influence on the cutaneous surface,” says Dr. Francis,* “I may mention the case of an individual, now in the twenty-second year of his age, incommoded by congenital ichthyosis; and whom I recommended to repair to these springs last sea-

son. The free use of these waters, internally and by bathing, for some ten weeks, so effectually removed this morbid alteration of the skin, as in divers parts to leave no trace of the previous existence of disfiguration."

Other instances, equally remarkable, might annually be adduced, illustrative of the diaphoretic effect of this water. Cures of the most obstinate herpetic, psorous and leprous eruptions, are very numerous; and are matter of astonishment to those unacquainted with the powers of this medicine.

This water possesses, also, a peculiar property of stimulating the urinary organs. This property is manifested, not only by the discharges of urine being more copious, but also by the changes produced in the quality of the urine. Some hours after its use, either internally or externally, the urine becomes more highly colored, depositing a sediment.

I have stated that this water is an expectorant; and this property, from experience in very many cases, I accord to it most fully. It is not merely by a sympathetic effect, that the pulmonary organs are affected, but the simple respiration in an atmosphere so highly charged with hydrosulphuric acid gas as that around the spring, must have an immediate action upon the mucous membrane.

In restoring the normal secretions from the skin and bladder, there can be no doubt but the pulmonary functions are benefited: and this action is direct; for, by a revulsion or counter-excitation, we remove any local determination which may give rise to pulmonary irritation, and thus the lungs are invigorated and enabled to expectorate any offensive matter. In the administration of this remedy in cases of pulmonary disease, the utmost caution is required, as it will be readily perceived that the misapplication of a medicine endowed with such power of excitation, cannot but be attended with the most fatal consequences.

August, 1838.

NEW HAMPSHIRE MEDICAL SOCIETY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—THE following are some of the proceedings of the New Hampshire Medical Society at its last annual meeting. JAMES B. ABBOTT, *Sec.*

The Society celebrated its forty-seventh Anniversary at the Phoenix Hotel in Concord, on the 5th and 6th of June. The following officers were elected for the ensuing year.

Enos Hoyt, Northfield, *President.*

Luke Howe, Jaffrey, *Vice President.*

James B. Abbott, Boscawen, *Secretary.*

Dixi Crosby, Meredith, *Treasurer.*

Counsellors.—John Carr, Sandbornton; Jacob Straw, Henniker; Stephen Drew, Milton; Noah Martin, Dover; Francis P. Fitch, New Boston; Micah Eldridge, Nashua; Reuben D. Mussey, Hanover; Daniel Oliver, Hanover; Thomas Bassett, Kingston; Josiah Bartlett, Stratham; James Bachelder, Marlborough; Samuel Webber, Charlestown,

Censors.—Moses Hill, Northwood; R. P. J. Tenney, Loudon; John

P. Elkins, New Durham ; Joseph H. Smith, Dover ; Thomas Bassett, Kingston ; Josiah Bartlett, Stratham ; Amos Twitchell, Keene ; Luke Howe, Jaffrey ; Matthias Spaulding, Amherst ; Richard Williams, Milford ; R. D. Mussey, Hanover ; Daniel Oliver, Hanover.

John C. Page, Gilmanton ; Moses Hill, Northwood, *Delegates to Hanover.*

Timothy Haynes, Concord ; James F. Sargent, Hopkinton, *Orators for 1839.*

The following gentlemen were elected Fellows of the Society, viz.:—Jeremiah F. Hall, Wolfborough ; Josiah Bartlett, Stratham ; Silas Cummings, Fitzwilliam ; Charles W. Whitney, Troy ; Eliphalet K. Webster, Hill ; and Francis P. Fitch, New Boston.

Heber Chase, M.D., of Philadelphia, and Ezra Green, M.D., of Dover, were elected honorary members.

A committee was chosen to examine into the merits of the different trusses, professing to effect the radical cure of hernia, to report at the next meeting.

The subject of a National Medical Convention was taken up, and after some discussion was referred to a select committee. The committee reported favorably, and thereupon the Society voted to recommend an Annual National Convention, to consist of delegates from the various medical schools and societies in the Union ; that the first convention be proposed to be holden A. D. 1840, and that the Secretary send a notice of this vote to the Boston Medical and Surgical Journal, and to the American Journal of Medical Sciences.

A committee was chosen, two years since, by the Society, to investigate the condition of our New England manufacturing establishments, especially as regards their influence upon the health, morals and religion of the operatives in them. At the last meeting, Professor Mussey, chairman of said committee, made a valuable report, in which he shows, conclusively, that this influence generally is far from being salutary. With regard to it upon the health of the operatives, he brings forward facts showing that the air in which they labor is frequently highly impure, their food unhealthy, the change of temperature to which they are exposed frequently great and sudden, without a proportionable change of clothing ; their sleeping apartments often crowded and poorly ventilated, &c., all which easily accounts for the emaciated forms, pallid countenances and early graves of our once healthy daughters.

The Society, and, indeed, the Faculty of New Hampshire, are about to suffer a loss which will be *felt*, in the removal of Professor Mussey from the State. For upwards of twenty years he has been a distinguished and efficient member of the Society, and has sustained its highest office for many years. His last address was listened to with profound attention and deep emotion.

After a busy session of two days the Society adjourned, sine die, and the members departed for their distant homes, with the impression that it was good that they had been together.

NARCOTIC POISONS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you think the following worth publishing, you are at liberty to use it.

In the year 1831 I was called to a child, of six months of age, who by mistake had taken one drachm of the tincture of opium. The mother supposed she had used elixir asthmatic until two or three hours after the dose was administered, when finding herself unable to awake the child, she became alarmed and sent for me. Five or six hours had now elapsed since the dose was taken. Stupor, convulsions, dilatation of the pupils, pulselessness, rapid and anxious respiration, with colliquative sweats, indicated a speedy dissolution. Internal and external stimulants, warm bath, frictions, with emetics of ipecac and zinc, and irritating the fauces with a feather, were in their turn ineffectually tried. Recollecting the advantage sometimes derived from large doses of sulphuric ether in the last stage of fever threatening fatal collapse, I administered two drachms, which produced a slight spasm of the muscles of deglutition. In ten or fifteen minutes I gave a large spoonful more, which caused a violent spasm and symptoms of suffocation. The child cried, vomited freely, opened its eyes, and for a few moments seemed to notice individuals about him, and then sank again in profound sleep. External irritants were renewed, and two drachms more of ether given, which produced immediate vomiting. Enemas of salt and water were now ordered, and one drachm of ether every twenty or twenty-five minutes. After each dose of the ether vomiting would ensue, and more encouraging symptoms follow. The child gradually recovered.

Two years after, a child of five or six years of age was found stupid in the road, with a branch of *cicuta virosa* in its hand. The case was supposed by myself and others a fatal one; especially as emetics and irritants had been freely used. Having no sulphuric ether at hand, I sent some distance for it. It did not fail me in this instance, but produced an analogous effect to the case before mentioned.

I was called, last May, to a family who had taken a large quantity of the *veratrum viride*, which was ignorantly gathered with other vegetables. Five individuals partook largely of the dinner. In thirty or forty minutes they felt extreme sickness and distress at the epigastrium, and several ineffectual attempts were made to vomit. Prostration, cold extremities, with severe agues, soon followed. Being absent from home, I did not see them until nearly three hours had elapsed. So great was the prostration that in two of them no pulse could be found in the radial arteries, and but slight in the carotids. I was told their distress had been excruciating. With three of them spasms of the stomach and respiratory organs were frequent and severe. These, with constant and ineffectual retchings, temporary delirium, and colliquative sweats, were the more prominent symptoms. At this time I did not know what poisonous article had been taken, and from the fact that no vomiting had ensued, I concluded it must be something else than the *veratrum*. I immediately administered to each of them half an ounce of sulphuric ether, and ap-

plied a strong paste of mustard to the epigastrium and extremities. Three of them immediately vomited and threw off a large quantity of vegetables; while the two most prostrated and apparently near death, seemed not affected. To them I repeated the dose every ten or fifteen minutes, used frictions of strong tinct. of capsicum, and enemata of brandy, when after a lapse of forty or fifty minutes free vomiting ensued, pulse and warmth returned, and the patients gradually recovered. Enemata of salt and water, and a full dose of castor oil, with the free use of strong coffee and mucilaginous drinks, completed the course of treatment. Whether vomiting or purging would have taken place had nothing been administered to secure the effect, I know not. Authors speak of both these effects occurring when an over-dose of the veratrum has been taken. More than three hours having elapsed before vomiting came on, and the ineffectual retching, together with the prostrated state of the system, seem to forbid that supposition. After close examination I could find no other poisonous article, except the veratrum, had been used, but this, from the account given me, had been used in large proportions.

I would not, by the few hints advanced respecting the efficacy of ether, claim for it a priority above all other remedies. I do not suppose that it will always operate thus favorably, having known one instance where it probably was faithfully administered without any decided benefit. Whether emetics would have operated, I do not know, but have much reason, from former experience, to suppose that in two of the cases, at least, they would not, and most obviously no benefit could have been derived from the stomach pump, had it been used. S. A. HUBBARD.

Bloomfield, Con., July, 1838.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 15, 1838.

PROCEEDINGS OF THE PHYSICO-MED. SOCIETY OF NEW ORLEANS.

A PAMPHLET of thirty pages, by the authority of the members, has been published, and probably widely circulated, relating exclusively to the trial and unanimous expulsion of Charles A. Luzenberg, M.D., from the Society on the 21st of June, which has before been alluded to in this Journal. Being remote from the theatre of this very extraordinary transaction, we cannot be supposed to entertain prejudices, nor be disposed to exercise partiality in commenting upon the subject. Dr. Luzenberg seems, from the representations in this document, to have been, till very recently, a man of considerable medical reputation as a practitioner in New Orleans. In 1834 he was professor of the Principles and Practice of Surgery, and professor, *ad interim*, of Anatomy, in the Medical College of Louisiana. On this circumstance is based the supposition that he must have been considered above medical mediocrity at the time of election, certainly, however ignorant, stupid and immoral he may since have shown himself. The report declares expressly that "Dr. Luzenberg is a man of an ordinary capacity, very little improved

by education and study. As a professional man his pretensions are without bounds, while his merits lie within very narrow limits. He has a little acuteness of apprehension, but no solidity of judgment. In surgical operations he frequently exhibits some dexterity in the use of instruments, but he seldom fails to expose the want of that knowledge which makes dexterity skill, and elevates a mere manipulator into a scientific surgeon. Having been a long time employed in hospitals, as a surgeon, he has a boldness of manner which passes on others, and perhaps on himself, for that genuine confidence which springs from accurate learning and enlightened experience. Called in the infancy of the Medical College of Louisiana to a professorship in that institution, he was subsequently obliged to retire, from a sense of the contempt felt towards him by his confrères, and by the medical class, on account of his mendacity, ignorance, presumption, and ill-breeding. He is abrupt in speech, uncouth in manners, irritable and petulant in temper, and arrogant and overbearing in his demeanor." This is plain English, indeed! Dr. L. is an Austrian by birth, but has resided in this country about twenty years, and received a diploma at the Jefferson Medical College, Philadelphia. He is thirty-eight years of age. In the passport granted him by the Secretary of State of the United States, in 1832, on commencing his travels in Europe, the description of his person reads thus—"Age, 27; stature, 5 feet 7 $\frac{1}{4}$ inches high; forehead, high; nose, small; eyes, grey; mouth, ordinary; chin, round; hair, light; complexion, fair; face, round." To finish this singular picture, it is necessary to add that Dr. Luzenberg is a duellist, having had a hostile meeting with Dr. McFarlane; and as a preparatory step—fully acting upon the sage precept that "prudence is the better part of valor"—he was in the habit of suspending the bodies of persons who had died under his care whilst house surgeon of the Charity Hospital, and shooting at them, as marks, with a pistol—in order, says the declaration of Mr. J. C. Ker, "to improve his skill as a marksman in his expected contest with Dr. McFarlane, I myself having witnessed the fact." Thus we have gleaned the prominent characteristics of this unaccountably strange gentleman, from the pamphlet, and leave our readers to their own reflections. The wonder is how he ever became a member of the Physico-Medical Society, or obtained even a temporary standing in a community at all capable of appreciating professional merit and good breeding.

The New York Lancet.—Mr. Wakley's success with the London Lancet has induced the parturition of many similar instruments in this and other countries, which proved, however, on trial, to be only poor imitations, and consequently died soon after birth. A prospectus is now before the public for another, the New York Lancet, under the editorship of B. W. Cohen. The size will correspond with the London, but will appear only every other week, at four dollars a year, payable in advance; and to insure success—a most prudent consideration—the first number will not be issued till *eight hundred subscribers* have been obtained—and all of them have planked l'argent in advance. No reason in the world can be given why the great City of New York should not maintain one of the most efficient, spirited and talented medical periodicals on the Continent. Still, from a recollection of many former efforts to that effect, in by-gone years, we do not hesitate to predict the failure of the proposed Journal. In the first place it is no small undertaking to procure

eight hundred advance-paying subscribers to any sort of periodical in the United States, even when controlled by the highest order of intellect. The quarterlies, could they talk, would make woful lamentations about delinquents, broken promises and neglected bills. Unless, then, the New York Lancet possesses the persuasive power of withdrawing subscriptions from all the old, well-established Journals, north and south—aye, in the far west too, it must either fall into the bad custom of receiving subscriptions as they usually come, on credit, with no intention, perhaps, of ever paying in many instances, or circulate a very limited paper. If a change of a provokingly bad system could be brought about, it would be a proud achievement, for which the New York Lancet should have the meed of praise; but, alas! though “order is Heaven’s first law,” there is no order in a printer’s patronage.

American Hospitals.—If any of our readers would transmit a catalogue of the principal hospitals, in the United States, it would very much oblige, and shall be returned, shortly, if such is the requisition. Canadian hospitals, particularly at Quebec and Montreal, and also all similar institutions at Halifax and its neighborhood, are also coveted at this particular juncture.

Chronic Ophthalmia.—A chronic conjunctivitis prevailed for several years in Prague, affecting particularly the conjunctiva of the upper eyelid, and ending in pannus, especially among the poor, who but too often neglected the disease in its early stage. Dr. Fischer—a pupil of Beer, who has an extensive eye hospital in which patients are treated and boarded gratis—tried various means for removing the granular state of the lids in this disease, without effect. Touching the diseased surface with nitrate of silver seemed rather to favor the progress of the symptoms in question than to abate it. At the time of Dr. Thane’s visit, he employed a salve composed of from half a grain to three grains of white precipitate of mercury and a drachm of lard, which he pencilled pretty freely on the inner surface of the eyelids and over the eyeball twice a day. Internal remedies and counter-irritation he considered useless in this disease; and, indeed, he seldom employed blisters in any case. Among Dr. Fischer’s morbid preparations of the eye, is one of ossification of the retina and choroid, extending as far forward as the attachment of the iris. The ossification corresponds exactly to the globular figure of the eye, and its inner surface is studded with minute irregular exostoses. He also possesses hundreds of lenses which he has extracted, and is thus able to show his pupils the remarkable differences they present in form, color, size, consistence, &c.

Statistics of Amputations practised after the Siege of Constantine.—The total number of amputations during the whole of the campaign amounted to 29, viz.: of the thigh, 8; of the leg, 5; of the arm, 3; forearm, 1; at the wrist, 1; at the knee-joint, 3; at the shoulder-joint, 2; partial amputation of the foot, 3; resection of the head of the humerus, 3. Of these 29 operations, only 6 terminated favorably, viz.: 1 of the thigh, 2 of the leg, 2 of the arm, and 1 of the wrist. It should, however, be mentioned that the cholera broke out in the hospital immediately after

the capture of Constantine, and carried off at least seven or eight of the amputated patients.—*French Gazette*.

Wound of the Ascending Arch of the Aorta. Spontaneous Cure.—The following remarkable case shows to what an extent the curative powers of nature may occasionally be carried :—

J. H., 32 years of age, a strong, robust soldier of the Bavarian army, received, in 1812, a stab of a knife, which penetrated the chest between the fifth and sixth ribs. The man fell to the earth without consciousness, and remained there for more than an hour exposed to extreme cold. In this situation he was discovered by Dr. Neil, of Bramberg, who, although the patient seemed on the point of death, thought it right to bring the edges of the wound together, and had the man conveyed to the hospital. At the expiration of two or three hours, the hæmorrhage continuing abundantly; the man came to himself but could distinguish nothing; he was affected with an incurable amaurosis. After a few weeks the wound healed completely; the man now left the hospital, and to console himself for his infirmity gave himself up to drink, which at length, in 1813, brought on a fatal pneumonia.

On examining the body it was found that the wound traversed the lungs completely across, the entrance and exit of the knife being marked by cicatrices; at the level of one of the cicatrices a solution of continuity was discovered in the ascending aorta; it was about a quarter of a line in length, and closed with firm fibrine. The artery was now removed with caution, and divided internally, when a small cicatrix, corresponding with the external lesion, was discovered in the inner parietes of the vessel, thus showing that the three coats of the artery had been divided by the instrument.—*Arch. Général*.

Dartmouth College.—This venerable institution of learning seems to be undergoing a pretty thorough internal revolution. Not only an almost entire change has been made in the medical department, but in the academical, also, those who have long been identified with the interests of the College, are giving way to another generation. Dr. Oliver W. Holmes, of Boston, has been elected to the chair of Anatomy, and Dr. Elisha Bartlett, of Lowell, Mass. and Dr. Dixi Crosby, of New Hampshire, appointed to the chairs of Theory and Practice, and Surgery, which they are abundantly qualified to sustain with honor to themselves and the College which has so wisely selected them.

✍ No. 3, Vol. XIV. of the Medical Journal has been reprinted, and can be furnished to those subscribers who are in want of it. Sets of the Journal can now be supplied as far back as Vol. XIII. inclusive. Two of the previous Vols. are incomplete. Vols. XIII. and XIV. contain the whole of the protracted controversy on diet.—The Title-page and Index of Vol. XVIII. will be sent with the next No.

DIED,—In Lowville, N. Y., Dr. Sylvester Miller. On being called in the night, he arose, and on his passage to the outer door, inadvertently opened one leading to the cellar, and fell to the bottom. He died in about 48 hours, his skull having been broken.

Whole number of deaths in Boston for the week ending August 11th, 50. Males, 25—females, 25.
Consumption, 5—delirium tremens, 1—dropsy, 2—teething, 2—scarlet fever, 5—hooping cough, 1—canker in the bowels, 2—canker, 1—bowel complaint, 1—cramp, 1—cholera infantum, 9—dysentery, 3—diarrhœa, 3—erysipelas, 1—by lightning, 1—burn, 1—drowned, 1—cholera morbus, 1—muræsinus, 1—disease of the heart, 1—infantile, 2—syphilis, 1—jaundice, 1—cancer, 1—stillborn, 1.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry, by DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica, " DR. WARE.
On the Principles and Practice of Surgery, " DR. OTIS.
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Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 18—1f

MEDICAL INSTRUCTION.

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Instruction will be given by clinical and other lectures, and by examinations at least twice a week. Sufficient attention will be paid to Practical Anatomy.

For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

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ASA B. SNOW, M.D.
E. WALTER LEACH, M.D.
HENRY G. CLARK, M.D.
JOSEPH MORIARTY, M.D.

Boston, August 9, 1837.

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We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

George Hayward, Edward Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, Geo. B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838.

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HARVARD UNIVERSITY—MEDICAL LECTURES.

THE Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by DR. J. C. WARREN.
Midwifery and Medical Jurisprudence, by DR. CHANNING.
Materia Medica and Clinical Medicine, by DR. BIGELOW.
Principles of Surgery and Clinical Surgery, by DR. G. HAYWARD.
Chemistry, by DR. WEBSTER.
Theory and Practice of Physic, by DR. WARE.

Circulars of the Medical and Surgical Practice of the Hospital may be had of the Dean.

WALTER CHANNING,
Dean of the Faculty of Medicine.

Boston, July 23, 1833.

Aug 1—1N

FOR SALE.

THE house now occupied by Dr. Eli Hall, together with 30 or 40 acres of good land. The house is well constructed, two stories high, almost new, in good style, large and commodious rooms, superior cellar, wood house, well, carriage-house, and horse-barn attached. Also a variety of excellent, selected fruit trees—cherries, plums, pears and apples. Possession given to suit the purchaser. Few situations can be found more desirable for a physician or lawyer. Terms very low.

For further particulars inquire of J. H. Flint, M.D., Springfield; C. A. Hall, M.D., Northampton; H. H. Hall, No. 55 Kilby Street, Boston, or at the premises.

Blandford, Mass., August, 1838.

Aug 8—6w

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

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THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XIX.]

WEDNESDAY, AUGUST 22, 1838.

[NO. 3.

CONTINUATION OF "TREATMENT OF OPHTHALMIA."

(Translated from Sichel, for the Boston Medical and Surgical Journal.—See p. 352, Vol. XVIII.)

Antiplastic Means.

ONE of the essential characters of inflammation consists in the tendency of the constituent parts of the blood to isolate themselves, either while this fluid is contained in the bloodvessels, or after it has been artificially taken from them. Inflammatory blood, when drawn from the veins, rapidly coagulates and forms at the surface of the mass, a buff (*coneune*) composed of fibrin, which, on account of the frequency of this phenomenon in inflammation, has been called inflammatory buff (*coneune inflammatoire*). The blood is separated in a similar manner in the vessels belonging to an inflamed tissue; the albumen and the fibrin transude into the cellular tissue, produce the swelling, and thus give rise to the process of suppuration. When the inflammation is seated in the serous and vascular membranes, portions of fibro-albumen are deposited on their surface and form false membranes. These are organized and new vessels are developed. It is these phenomena, taken together, which constitutes the increase in the plasticity of the blood.

There are inflammations which obstinately resist sanguine depletion, whatever may be the energy and extent of its employment, as long as we do not oppose to them the means suited to diminish the plasticity of the blood. This indication is of the highest importance in inflammation of the serous and vascular membranes, an inflammation always prompt to terminate in an exudation of plastic matter. It consequently merits a particular attention, and the more so as the serous and vascular tissues are in no part of the system so predominant as in the organ of vision.

We have pointed out above in what manner and to what degree purgatives fulfil this indication. We shall now speak of the agent which possesses the most incontestible efficacy in this respect.

Even with a slight observation of the effects of mercury upon a healthy individual, we may perceive properties in this substance which should cause one to suspect its happy application in inflammatory diseases. That which we are at first only led to suspect, is soon abundantly confirmed by experience. Administered in such a manner as to produce its effects slowly, and continued during a sufficiently long period, mercury produces all the phenomena of scurvy, such as hæmorrhages which are difficult to arrest, ecchymoses, ulcers, &c.

It excites, then, so to speak, an affection diametrically opposed to

inflammation—an affection which is characterized, contrary to the latter, by a diminution of the plasticity of the blood. The difficulty with which these hæmorrhages are arrested in persons attended with scurvy, arises from the circumstance that in them the blood, destitute of plastic materials, does not form clots which may stop the open orifices of the arterial or venous vessels furnishing the hæmorrhage. The coagulability of the blood, even when out of the vessels, being on the contrary increased during inflammation, it is not surprising that mercury, in diminishing so decidedly the plasticity of the blood, should further the cure of inflammations. Its action is not at all empirical, and is explained as rationally as that of bleeding. Its antiplastic action extends equally to other pathological conditions, which, without recognizing inflammation for a cause, yet depend upon the too great plasticity of the fluids and upon a too active reproduction; such, for example, is syphilis. We do not here attribute to hydrargyric preparations a specific action; it is by more effectually impoverishing the blood, by more rapidly enfeebling its reproduction than other means, it is by stimulating at the same time the lymphatic system, that these remedies surpass other modes of treatment in some rebellious diseases. It would be wrong to regard mercury as an exciting remedy. Its first effect when in contact with the living system, is indeed slightly irritating, as is every other substance not alimentary; but this irritation is so temporary that it ought to be regarded as of very little importance when we consider the immense antiphlogistic action resulting from its antiplastic virtue. We should take care to avoid those of these preparations whose first impression upon the system is so stimulating that it might augment the irritation, be opposed to resorption, and prevent the remedy from being employed in a sufficient dose to excite in a short time the desired change in the composition of the blood. The bichloride, the nitrate, the sulphate, the red oxide of mercury, &c., cannot then serve as true antiphlogistics. They will be, on the contrary, of great use in chronic diseases with increase of plasticity, as in syphilitic affections, and principally in their most ancient and severe forms. They exercise also, independently of their antiplastic virtue, an exciting action upon the lymphatic system. It is necessary to observe, furthermore, that in the diseases whose progress is very slow, the active means administered in small doses and continued a long time, find their indication, while in acute diseases those remedies should be preferred of which the dose may be sufficiently raised to produce with promptness the desired effect. Neither is it the purgative preparations or doses of mercury which should be chosen when we wish to employ it as an antiplastic. We should attach a false idea to the action of mercury, in supposing that it is by exciting the surface of the intestines and producing abundant evacuations, that it diminishes the inflammatory trouble. On the contrary, in pushing the doses to this degree, we lose the most important effects of this substance. The remedy is then too soon evacuated to admit of being absorbed in sufficient quantity; it is only when it is borne in the current of the circulation that it exercises a direct influence upon the blood. Acting upon these principles, when we have for an indication to diminish the plasticity of the blood, we direct frictions with mild mercurial ointment,

calomel, in a dose of a quarter, a third, or at most of a half a grain, or the blue pill of the London Pharmacopœia, in a dose of from one to three grains every two hours or at shorter intervals. In order to prevent the decomposition of the calomel, which the acid developed in the gastric juice in consequence of certain pathological conditions may produce, it is well to combine with each dose one or two grains of calcined magnesia. The sensibility of the mucous membrane of the stomach is so great in some individuals that they cannot support the mercurial preparations without the addition of a small quantity of some narcotic, as, for example, the extract of opium.

It is important, during the use of mercurials, that the patient should observe a strict diet. It is necessary at the same time to recommend the greatest precautions for avoiding cold, if one does not wish to see the appearance of the symptoms of salivation before a sufficient quantity of mercury may have been taken into the system.

As soon as the forerunners of salivation, a fetid breath, a metallic taste in the mouth, tenderness of the gums, &c., shall be felt, it is necessary immediately to suspend the employment of mercurials. It is not salivation that we wish to produce in administering these medicinal agents; it would be a decided abuse of the remedy to carry so far the use of mercurials. It is only in cases of a very severe or rebellious character that it is necessary to return to the use of this remedy after the cessation of the forerunners of salivation. Mercury is one of those agents, which, employed in proper cases, does not produce the poisonous and morbid effects until it has exhausted the action which bears directly upon the pathological state. Consequently salivation is only a means of assuring us when the system has been sufficiently saturated with mercury.

We must not forget that there are individuals in whom, on account of a peculiar idiosyncrasy, the smallest doses of the mercurial preparations always produce salivation. These exceptions should not diminish our confidence in the general rule that we have endeavored to establish, and which, like everything we here say upon the antiphlogistic virtue of mercurials, is based upon the experience of many years. From all that precedes, it results that it is almost impossible to fix positively the doses of this remedy. The age, the constitution, the sensibility of the individual, the intensity of the disease, should be taken into consideration; the disappearance of the morbid phenomena and the marks of approaching salivation are the most sure guides. Should the symptoms of salivation appear before the inflammation is entirely subdued, the other antiphlogistic means, sanguine emissions, purgatives, resolutives and derivatives, may be used to arrest the progress of the inflammation until the state of the patient may permit us to renew the cautious use of mercurial preparations.

To the internal use of mercury we unite, in the greater part of ocular inflammations, the mild mercurial ointment in frictions upon the regions in the neighborhood of the eye, upon the supra-orbital region, the temples, the forehead, the upper part of the cheek, but never upon the eyebrows themselves or upon the eyelids. Upon these last organs, being in direct connection with the globe of the eye, the irritating mechanical action

of the friction almost always increases the violence of the inflammation. The mercury employed in this form is absorbed and carried into the current of circulation, and acts more rapidly and more directly upon the vessels of the globe of the eye. The frictions, each in a dose of from six grains to half a scruple, are made from four to eight times a day.

It is now understood that purgatives and mercurials fulfil perfectly the indication of diminishing the plasticity of the blood. We content ourselves here with having rapidly pointed out their use and explained their action; we shall not enter into minute details in relation to the neutral salts, to the nitrate of potash, the water of the cherry laurel and certain other poisonous substances, agents in which experience has made known analogous virtues. They almost all seem to act by diminishing the plasticity of the fluids.

It remains to us to say a few words upon certain auxiliary indications of the inflammation, and upon those therapeutic agents the most proper to fulfil them.

I. The sensibility is considerably exalted in inflammation. This phenomenon is the more marked in the eye, since this organ receives a large number of nerves which go directly to the parts for which they are destined. In ophthalmia, and especially in the inflammation of the internal membranes of the eye, comprising the sclerotic, the exaltation of the sensibility is manifested in a double manner, viz. :

1st, by pain. 2d, by intolerance of light, and luminous phantasms, which are morbid sensations peculiar to the retina, the immediate organ of vision. The nervous system being always in direct communication with the sanguine system, the pain, although it may be a symptom of the inflammation, never fails in its turn to increase the congestion and the irritation. That which is still more remarkable, is, that in inflammations of a plastic nature, in inflammations of serous and membranous tissues, each paroxysm of pain is terminated by an exudation of lymph, a process which in iritis is accomplished, as it were, under our eyes. It is of the highest importance, then, to combat the pain, as well in order to avoid the evil results of it as to relieve the patient. Opium appears to us the best therapeutic agent for this purpose. We administer it interiorly in substance or in the extract at a dose of one quarter, a half of a grain, or sometimes even in larger doses should the circumstances require it. When the pains assume the form of paroxysms, we employ with advantage frictions upon the supra-orbital region, with the laudanum of Rousseau or with powdered opium, in the dose of from three to six grains moistened with water or a little saliva. These frictions may be repeated many times a day, and especially before the access of pain.

Belladonna, hyoscyamus and stramonium are endowed with special properties, and are extensively useful under the following circumstances, viz. :

1st. In cases where it is an object to obtain a mechanical and temporary dilatation of the pupil, in order to avoid its obliteration, or to prevent the iris from contracting adherences to the neighboring textures.

2nd. In photophobia and luminous phantasms, which always depend upon the primitive or secondary irritation of the retina.

We employ belladonna in preference in consequence of its certainty of action. Instillation into the eye of a filtrated solution of the extract of belladonna (eight grains to the ounce of distilled water), we frequently employ when we wish to obtain the dilatation of the pupil. When it is an object to diminish the sensibility of the retina, and it is to be feared that the immediate contact of the remedy with the irritated tissues of the eye may increase the irritation, we prescribe frictions from four to eight times a day with the addition of the extract of belladonna, upon the forehead, the supra-orbital region, the cheeks, the temples, &c. These frictions, joined to other antiphlogistics, are the most powerful means for causing the intolerance of light to cease. Should the morbid sensibility of the light be so rebellious as to resist this treatment, we might increase the action by administering the belladonna interiorly, in children in a dose of from a quarter to a third of a grain in powder, and in adults in that of half a grain, or more, four or six times a day.

II. Our ideas upon the local treatment of ophthalmias will be more particularly explained when we shall treat of the different species. We will only say at present that we admit with great reserve the use of emollient fomentations, and that we proscribe entirely that of emollient cataplasms upon the inflamed eye. There is but one case in which their application, still quite general in France, may be admitted; this is when all the membranes having been attacked by inflammation, the process of suppuration has taken hold of the whole of the globe, and there is no other indication to fulfil than to cause to cease as soon as possible the state of extreme tension of the inflamed parts, the sufferings of the patient, and the danger of the communication of the inflammation to the brain and its membranes.

In all other cases of ocular inflammation, the object of the physician should be, not to favor suppuration and soften the inflamed parts, but to counteract every morbid action which might in the least tend to leave in the eye any lesion likely to disturb its functions—to prevent, for example, the formation of opaque cicatrices of the transparent cornea, &c.

We have said a few words above relative to collyria, while speaking of repulsion. We here repeat that these topical means, as well as the ophthalmic ointments, are only useful in conjunctivitis; still it is necessary to distinguish the different species of this inflammation, if we wish to employ them to advantage.

III. It is almost superfluous to say that the use of the inflamed organ would necessarily increase the congestion. Nevertheless it is necessary to distinguish between the active exercise of vision and the passive impression, so to speak, of the light. A certain degree of light, the natural stimulus of the visual organ, is necessary to it, even when both its parts are diseased. To shut it out entirely, as is often practised in the most simple case of conjunctivitis or scleritis, renders the retina so sensible that very soon the most moderate light is sufficient to provoke an inflammation of the retina. We shall return to this point in speaking of special ophthalmias.

If we now review the rules of the treatment of ophthalmias in general, we shall establish the following indications.

1st. It is necessary to seek for and to oppose the local or constitutional causes which have provoked or which keep up the ocular inflammation.

2nd. To check the too violent flow of blood towards the eye by the appropriate means, that is to say: *a*, repulsives; *b*, depletives; *c*, revulsives.

3d. To diminish the plasticity of the blood.

4th. To oppose the exalted sensibility of the eye.

5th. To aid in certain cases the general by local treatment.

6th. To secure repose for the inflamed organ, without withdrawing from it its natural stimulus.

INFLAMMATION OF THE EYE FROM INJURY.

Southborough, Mass., August 10, 1833.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Behold me safely landed, from a rail-road car, upon the confines of one of our beautiful New England villages; glad of a business excuse to exchange for a brief period the noise and turmoil of the city, for the quiet and green fields of the country;—yet here, as elsewhere, doomed to find poor afflicted humanity—a victim to all “the ills that flesh is heir to”—imploping succor and relief from fallible and erring fellow creatures; and as in the days of Solomon, so even now, often building hopes of safety and restored health in a multitude of counsellors. From all which you are given to understand that an imperative requisition of the nature alluded to, has called me into this region at the present time.

The case which more particularly demanded attention, was one of severe inflammation of the cornea and of the internal textures of the eye—the result of injury. Simon Plympton, about four weeks since, while at work laying a wall, was struck, upon the cornea of the left eye, with a fragment of stone. This induced a violent inflammation, which, however, was partially subdued by active treatment, when the patient, by his own imprudence, brought on a relapse of an alarming character. It was attended with great redness of the eyeball, intense and distressing pain of the forehead and temple of the affected side, cloudiness and opacity of the cornea, loss of vision, and soon after with hypopium or effusion of matter into the anterior chamber of the eye. These symptoms were met on the part of his attending physician, Dr. Burnet, with a prompt and judicious course of treatment, that in all probability averted the threatened loss of the organ. Free venesection having been resorted to, the after-treatment consisted in local depletion by cupping, repeated daily or every second day, according to circumstances, and the exhibition of calomel and opium, until the mouth became slightly affected. The patient, a person of intelligence and observation, invariably ex-

pressed much relief from the distressing supra-orbitary pain, when cupping was freely employed.

On the 6th instant, the cornea had become clearer, and the purulent deposit in the anterior chamber was diminished in quantity. The pain, however, continued, though with abated severity. Until the inflammation shall be entirely subdued, and the danger of change of structure in some important part of the eye shall no longer exist, the case requires a continuance in the same treatment. And as the pupil is contracted and the iris sluggish in its motions, the external application of extract of stramonium is important. Rubbed down with boiling water to the consistence of thick cream, it is to be well smeared twice or thrice daily over the brow, on the upper eyelid and perhaps round the lower lid to the internal canthus; care being taken, previous to each application, to remove with lukewarm water any dry crust remaining on the skin. When it is desired to make use of this extract, where little or no inflammation of the eye is present, as in cataract, for instance, a more elegant preparation is a solution, or rather infusion of one drachm in an ounce of boiling water. A few drops of this may be poured into the eye in the same manner as directed for any common collyrium, three or four times daily or oftener, until the pupil is fully dilated. If an immediate effect is required, both forms may be used at the same time, and during the application the patient should be entirely excluded from the light.

In cases of acute internal ophthalmia, when the inflammation is fairly subdued, it is not best to resort immediately to stimulating and corroborant collyria, but rather to wait awhile and afford the parts an opportunity to recover their tone and strength *sua sponte*. Indeed, it may be observed generally, with respect to these local remedies, that if active treatment be employed in the first instance, they will seldom be needed.

Among other cases of disease of the eye, was one of amaurosis, occurring in a clergyman, from long-continued and close application to his studies. It presented this peculiarity, viz., that the dimness of sight commenced in both eyes (each eye being attacked separately) towards the external angle or canthus, and gradually traversed the field of vision from without inwards, until the whole became obscured. In cataract, on the contrary, the opacity of the crystalline, it is said, frequently begins about the centre or nucleus, and from thence extends towards the circumference; but this is not invariably the case.

As regards the medical topography of Southborough, there is not much to be observed. It is always acknowledged to be a place of uncommon salubrity, and the surface of the soil is agreeably diversified with hill and valley, having a very small proportion of wet or marshy land. Scarlet fever has appeared here, as in other towns in this vicinity, within one or two years past. From the occurrence of cases simultaneously in parts of the town distant from one another, and between which there had been no intercourse, it would seem to have partaken of an epidemic character. During the last spring, pneumonia, complicated with some cerebral affection, prevailed to a considerable extent, and proved fatal in some instances. The place contains fourteen or fifteen hundred inhabitants, scattered over a comparatively large space, and chiefly engaged in agricultural pursuits. Your obt. serv't, E. J. D,

SISON AUREUS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I had the pleasure of calling upon Dr. O. Partridge, of Stockbridge, Mass., on the 21st of last month. I made known to the doctor the design of my visit, to settle the question in relation to the identity of the cow-parsnip. The doctor appeared to be very anxious that the plant should be known and scientifically described. He said he had done the best he could to identify it. He very readily accompanied me to the lot in which it grew in abundance. It was in the low-land meadows of Old Stockbridge, whose soil was damp. The same plant I have seen growing in White Creek, N. Y., in Canaan, N. Y., and in Pownal, Vt.; and I have always found it growing in rather damp soils. Dr. Partridge says, in your Journal of June 6th, No. 18, page 287, that sheep devour the bulb of the root. I examined the root, and called his attention to that part of his description, remarking that one would think it had a bulbous root; to which he replied, that he meant, by the bulb, the top of the root. The root resembles nearly the root of the genus rivole.

For a description of the plant I would refer you to Eaton's Manual, in which you will find Dr. Partridge's cow-parsnip described under sison aureus, known by the popular names of meadow-parsnip and false Alexanders.

Yours respectfully,

Canaan, N. Y., August 6th, 1838.

JOSEPH BATES, M.D.

LITHOTOMY.

DR. HOFFMAN, at the City Hospital, New York, on the 28th, performed this most important and difficult operation on a seafaring man of about sixty, on the bi-lateral plan, in presence of "a large number of students and medical gentlemen," says the reporter for the New York Medical Examiner (a department of the Weekly Whig of that city).

"He made a semicircular incision through the integuments of the perineum, about an inch and a half anterior to the anus; the ends of the fingers of his left hand serving as a guide to the scalpel. The dissection was continued until the membranous portion of the urethra was arrived at and laid open, when Dr. Stevens's 'prostatic bisector,' (an engraving of which was given in a late number of the Medical Examiner), was introduced into the staff, and crowded forward into the bladder. On the withdrawal of the gorget there was a free discharge of urine. The operator now introduced the fore finger of his left hand to guide the forceps into the bladder, after which the staff was withdrawn. Thus far no difficulties had been encountered, but after the introduction of the forceps, near half an hour was consumed in fruitless endeavors to grasp the stone. During this time several unsuccessful attempts were made by Dr. Stevens. The incision was finally dilated with a bistoury at the neck of the bladder, and the calculus, after some further exploration with the forceps, removed. The stone was about an inch and three

quarters in length, rather more than an inch in width, and about five eighths of an inch thick. The patient was near three quarters of an hour on the operating table.

"*Remarks.*—Dr. Hoffman displayed considerable coolness in operating, but lacked dexterity in the use of instruments.

"It will be at once perceived by those who have often witnessed the operation of lithotomy, that the last stage of this operation occupied an unusual length of time, and that the patient must consequently have suffered an unusual amount of pain; and it will not be disputed by any, we presume, who witnessed the operation, that the ill-directed and clumsy use of the forceps, must have seriously injured the parts in the vicinity of the bladder. This is the third bi-lateral operation of lithotomy which we have seen performed at the City Hospital, two of which were by Dr. Stevens. The first was that of a boy, in which the size of the stone was a little less than that of a common hen's egg. Great force was required to extract it, and before it could be extracted, a second incision was made in the centre of the perineum. The second case was also that of a young boy—the stone being small in this case, was easily removed. From the first of these cases and the one related above, it certainly appears that when the stone is of considerable size, more difficulty is experienced in extracting it after the bi-lateral section of the prostate than after the lateral; at all events, experience demonstrates this to have been the case where the division has been effected by Dr. Stevens's instrument. We hope surgeons will hesitate before they consent to adopt an operation which has thus far proved much inferior to the old one. Humanity demands that they should do so."

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 22, 1838.

REPORT ON TYPHOID FEVER.*

WE need not say that we, in common with the profession, are ready to welcome any production from such a source as the above report. But sincerely do we greet this volume, on account not only of its intrinsic worth, but of the enlightened motive of the author, "to render the records of the Massachusetts Hospital subservient to the cause of medical science." In passing, we cannot withhold the same commendation on the numerous contributions which have been given us by the able Professor of Surgery in the same institution. The profession are ready to give to such elaborate and careful documents the heed to which they are justly entitled. In the report of Dr. Jackson, the numerical system of M. Louis is strictly adhered to; and from such a mind we have, what we should expect, an *accurate observation of cases*, on which alone such a basis can depend, if we would ensure the conclusions their true value to

* A Report on the Typhoid Fever in the Massachusetts General Hospital from 1821 to 1835. By James Jackson, M.D., late Attending Physician in that Hospital. Boston, 1838. Pp. 96.

the cause of science. We shall hail the period when such exact observations shall be carried, as far as possible, into private practice ; and such a volume as this report, coming from our midst, cannot fail to have an important influence in advancing that desirable period. But we will let the Report speak for itself—and shall quote freely this week from the introductory part.

“To render cases useful, they must be analyzed, and the results accurately stated ; nor would much satisfaction be derived from them, if few in number. In this way M. Louis has rendered the most important services to medical science.”

“The number of patients, on whose cases this report is founded, is more than three hundred. During the period embraced by the report, the cases varied in number in the different years. In the early years, patients did not resort freely to the hospital ; but in the last ten years the number of fever cases bore perhaps a fair proportion to the general prevalence of the disease in the city. If this proportion varied much, it was when the fever was most prevalent, and when, accordingly, the hospital could not receive all who applied for admission.”

“It may be proper to make a few remarks on the name of the fever, which is the subject of this report. All, who have attended to the subject, are aware how vaguely the term, fever, has been used ; and this by medical men, as well as by others. I have always held to the distinction, made by most physicians in my day, between essential, or idiopathic, and secondary, or symptomatic fevers. Among the idiopathic fevers, I have not been able, until within a very few years, to draw very certain lines of distinction, except those dependent on their type. Nature has drawn a broad line of distinction between intermittent and continued fevers. In regard to remittents, there is not so clear a ground for distinction. These have appeared to me to belong to one or the other of the kinds before mentioned ; some being intermittents accompanied by secondary, local affections, which prevented perfect intermissions. These are the formidable remittents of warm climates. Others have seemed to me to be continued fevers, in which the exacerbations were more thoroughly marked than in common cases. All other varieties of idiopathic fever seemed to be dependent on the following circumstances, viz., first, the disproportion in the symptoms, which appertain to the disease, and even the entire absence of some of them in many instances. Thus, in some cases the *cerebral* symptoms, or those belonging to the animal system, and the *organic*, or those belonging to the organic system, are in a certain due proportion ; those of both descriptions being duly developed, and those of one, or the other kind, predominating at different stages of the disease. In other cases, the cerebral symptoms are almost entirely wanting throughout the disease ; while in some they predominate so much, as to throw into the shade, or actually to mask, all other symptoms. Second, the addition of secondary and local affections, no one of which certainly occurs in the greater number of cases of continued fever, explains much of the diversity in cases of this disease.”

“The work of M. Louis, on continued, or typhoid fever, is now, I trust, well known in this country. It was not till the year 1833, that it received from me the attention it merited. Since it has been known to me, I have found that the continued fever, which is so well known to us in this city, at least, was the same as that which he has described. The symptoms are essentially the same, and the appearances discovered in the body, after death, are precisely the same. These appearances had

been noticed here before, when the examination was so made as to disclose them. From 1833, our fever has been the same it formerly was, and *in every case*, where an examination has been made, the morbid changes have been found to be the same as described by M. Louis. In neighboring places, a similar confirmation of the identity of the disease has been furnished from different sources. I may refer here, particularly, to cases, which occurred in Lowell, and were reported by Dr. Bartlett, the learned professor of pathological anatomy, in the Berkshire Medical Institute.

"M. Louis did not show, nor did he attempt to show, that the disease he described was dependent on the morbid affection of the small intestines. But he did furnish the means of deciding unequivocally, the anatomical characters of the disease, so that it might be distinguished in other places. Thus he laid the foundation for making further distinctions, if continued fever was not the same in all places. It was almost in vain to look back to descriptions of fevers previously written. It was for those only, who fully understood the present state of the question, and who were acquainted with the observations of M. Louis, on both the living and dead body, to prosecute the inquiry.

"Viewing the subject in this light, I had a great desire to get observations properly made on the fevers of warm climates. It was, therefore, very grateful to me to receive, in 1835, the observations made by Dr. Gerhard, of Philadelphia, a pupil of Louis, on cases of what has been called bilious remittent fever. These observations were very limited in number; but, so far as they went, they showed clearly that this disease differed essentially from our continued fever. Since that time, the same gentleman has done still more to settle the question before us. In 1837, he has described the disease, which he calls typhus, and which, in many respects, resembles our fever; but which he clearly shows to differ from it, both in its symptoms, in their course and order, and in its anatomical characters. Meanwhile, M. Lombard, a physician of Geneva, and also a pupil of Louis, being on a visit to Great Britain and Ireland, has described the fever he saw in Dublin, principally, but also in England, and has shown that that also differed from the typhoid fever described by Louis. It would seem, indeed, that the disease, described by M. Lombard, is the same as that witnessed in Philadelphia by Dr. Gerhard.

"It is not my intention to prosecute this subject any farther; nor is it important for my purpose to inquire, whether others have made the same, or any other observations on the subject under consideration. It is plain, that there are, at least, two species of continued fever, both in Europe and this country; and further researches may very possibly show more.

"A necessity now arises for distinguishing these diseases by some proper names.

"In former years, I have avoided the distinguishing names applied to continued fevers, for two reasons. First, such distinctions between them, as those of synochus, synocha, and typhus, were not shown to exist in nature, and were in truth grounded on men's fancies; and, second, those names were originally significant, not indeed of different qualities in nature, but of men's notions in regard to the different natures of diseases. Until, therefore, three different continued fevers were shown to exist, and until it was shown that these had, respectively, the qualities implied by these names, it seemed improper to employ such names.

"But, for a good while, the name typhus has been getting into common use, as the most common appellation of the continued fever of Eng-

land, and of that of this country, or, at least, of New England. And under this, as an arbitrary, and not a significant name, it has been spoken of and described, more or less accurately, by many writers. Under these circumstances, I had just become reconciled to adopting the name, as being one so generally received, that it must continue in prevalent use ; and that, as its significant character had been dropped, there was no harm in employing it. Now my friend, Dr. Gerhard, proposes to restrict the name, typhus, to the disease which he has recently described, and to leave to the continued fever of Louis the name of typhoid fever. Names, when arbitrary, are of so little importance, that I would not waste a moment on a choice, if only they can be so used as to avoid mistakes and confusion. But I am truly puzzled, as the matter now stands, which name to adopt. After much hesitation, I have decided to call the disease typhoid fever.

"Let me add, that as far as my knowledge extends, this is the continued fever of New England, as I believe it is that of Old England. But exceptions may occur in both countries. With us it prevails every year, though not equally ; and may be seen in any month of the year. But it is most prevalent in the autumn. In some seasons it prevails extensively, and may be called epidemic. In others it is limited to small neighborhoods, and even to a single family, not even the near neighbors being affected. In that case, it will pass slowly through the family, attacking new residents, but not often watchers and visitors for a day. It will be from three to six months in passing through a large family. I have seen this happen in summer, but oftener in winter. Persons removed from such a family to other houses do not communicate the disease ; which seems to disprove the existence of contagious properties. The experiment has often been tried under my observation, from necessity, and the disease has never been propagated by the person removed. In one case, four persons were removed from one diseased family to four different families, and no disease was produced in any of them.

"The disease which prevailed among us in 1803, and for some years after, under the name of petechial fever, was different from our common continued fever. The observations on it were not made, as they would be at the present day, and its characteristics cannot be distinctly stated. Meanwhile, I will remark, that I think my friend, Dr. Gerhard, has fallen into an error, in thinking that the disease was the same which he has lately described under the name of typhus, and which he has witnessed in Philadelphia. The petechial fever seldom had premonitory symptoms ; it was sudden in its attack, and usually short in its course ; often an ephamera, or fever of one paroxysm, and then terminating within forty-eight hours, which is the limitation of an ephamera laid down by Fordyce. These characters do not surely belong to the disease he has described."

SCARLET FEVER.

SOME considerable alarm is manifested, every little while, at the appearance of scarlet fever, which is usually ushered in with considerable violence, and attended with fatal effects, before its character is fully understood. It is very certain that, with the best endeavors, the physicians of this country have generally been unfortunate in the treatment of this disease ; but why, we cannot divine, unless there are atmospherical influences operating at the time of its existence, which are not taken into

the account. Whenever the scarlet fever prevails as an epidemic, it is marked by more fatality than almost any other occasional malady known to the profession of the United States. The sacrifice of children is indeed melancholy.

With regard to the treatment there can be no arbitrary, nor any very uniform course of prescription, the seaboard and the country requiring a series of modifications in the medicines, as well as doses. Hence there is a marked difference between the systems of practice in districts not very remote from each other. The more patients a physician has, the more successful he becomes, although there are variations in the character of the symptoms, which, at first, may have entirely baffled his skill. As it is certain that there cannot be a definite manner of treating scarlet fever in detail, by different practitioners, it is vastly important that every one should remember what is found to be successful in his own individual practice, in the region to which his labors are confined ; in this way a topographical chart might be constructed, of immense value to the whole body of the profession.

A GUIDE TO THE PRESERVATION OF HEALTH.*

No subject can be of more importance, and if the public would only listen to good advice, longevity, the desideratum, would more frequently be obtained. But, alas ! people will read just what they choose.

On first opening this pamphlet—fresh from the City of Lowell—the first impression was that it belonged to the starvation school—the air eaters, who, like the countryman's horse, die just as they begin to live upon nothing. But it is not so. The author has simply medicated baths at No. 1 Tyler street, Lowell, in readiness at all hours, at 37½ cents single, or \$3,00 per quarter ; and to awaken the citizens to a deep sense of what is absolutely necessary to health, long life, and, as a matter of course, physical happiness, this treatise has been sent abroad, dove-like—an avant courier—to prepare the way. He eschews Thomsonianism lustily ; and Dr. Ford, therefore, must necessarily be a man of penetration—or, in other words, a gentleman of common sense.

If any fault is to be found with this pamphlet, it is in the title, which is as long as the name of a member of Oliver Cromwell's parliament. As a whole, it is not strikingly original, yet abounds with seasonable quotations and *excissorizations* from prominent popular writers on health. One idea is new—and certainly demands the respectful consideration of the manufacturing corporations in Lowell. It is this—warm baths should be procured for these establishments, accessible to the operatives at all times ; and as warm water is always in readiness, in carrying on the regular business of these vast establishments, the cost of constructing suitable apartments for ablution, would not and should not be a valid objection. So far Dr. Ford has been fortunate in touching the right key. For general circulation, the pamphlet is calculated to instruct those who would scarcely think of perusing anything more elaborate. Dr. Alcott must look out for breakers—the author of this guide having taken the title of "*The House I live in.*"

* "*The House I live in*"—a guide to the preservation of health, and the attainment of longevity, being a condensed treatise on the importance of physical education, and on the subject of bathing. By J. W. Ford, M.D. Lowell. Pp. 23.

New York Medical Examiner.—One or two columns in that mammoth of American newspapers, the New York Weekly Whig, bear the standing title of *Medical Examiner*, and to all intents and purposes constitute a regularly constructed medical report—the only one, as far as we can learn, published in New York. Each paper exhibits something new and appropriate under this popular division, which, it strikes us, is read by all classes of readers, with much interest. Who the editor may be of this department we know not, but feel constrained to say that he exhibits tact, science and fearlessness. The Kappa Lambda Association, a sort of medical inquisition, differing essentially, however, from all its ancestral prototypes, in burning its own sly fingers, is a standing dish. If the conclave of exclusives can hold together in bonds of brotherly iniquity after such repeated drubbings and castigations, each member should be regarded in the light of a salamander. To make the Examiner a little more valuable to its readers in this part of the country, descriptions of the New York Hospitals, medical societies, and all that might and should be said of the schools of medicine of the City and State, should be occasionally introduced.

Anatomical Museum.—A sale is about being made of anatomical preparations of various kinds, all of which are represented to be valuable, and a great loss to the school in Crosby Street, New York. The museum belongs to one of the professors. Whether the articles are to be disposed of at auction or by private sale, has not been ascertained; if either way, and a definite period were fixed upon, some two or three weeks hence, gentlemen residing at a distance would have an opportunity of visiting New York, and selecting whatever might be most serviceable.

Medical Communications.—Such is the running title of a handsomely printed, large-sized octavo pamphlet, which contains the last annual discourse, a report on typhoid fever, and a goodly variety of the miscellaneous records and doings of the Massachusetts Medical Society in 1838. This is Part II. of Vol. VI.—and also Part II. of Vol. II. of the second series. Those who have been careful in the preservation of all the preceding communications, will find themselves in possession of a very useful book of reference, touching the business journals of the Society. From 1804 to 1838, all the annual dissertations have been printed. Some of them are excellent, and some are bad specimens enough of medical philosophy—

“Just fit to close a broken pane,
Or wrap a bit o’ cheese in.”

Reference is made to Dr. Jackson’s Report on Typhoid Fever in another part of this No. With regard to the record of council meetings, the essentials are generally given in the Journal at the time. Dr. Alden’s Historical Sketch of the Origin and Progress of the Society, is reserved for future consideration. We are free to say, in advance, there is too much of it. Good as it is, no man wishes to breakfast, dine and sup on honey, the same day.

Beck’s Medical Jurisprudence.—A sixth edition of Dr. T. Romeyn Beck’s standard work on medical jurisprudence, is now in press at Phila-

delphia. It is a proud professional achievement to be the author of the very best and most generally approved medico-legal production in the English language. Dr. Beck resides at Albany, and holds the chair of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons in the Western District of the State of New York.

Medical Institution of Yale College.—The new organization of this institution will be advertised in our next number. Professor Knight has been transferred to the chair of Surgery, vacated by the death of Professor Hubbard; and Dr. Charles Hooker, of New Haven, has been appointed to the chair of Anatomy and Physiology. Dr. Harris, who some weeks since was invited to the chair of Surgery, declined the invitation.

ERRATUM.—In last week's Journal, p. 32, for S. A. Hubbard, read D. H. Hubbard.

Whole number of deaths in Boston for the week ending August 18th, 38. Males, 18—females, 20.

Consumption, 8—teething, 3—infantile, 1—scarlet fever, 1—cholera infantum, 8—dysentery, 4—brain fever, 2—lung fever, 1—croup, 1—canker, 1—typhous fever, 1—stoppage in the bowels, 1—old age, 1—dropsy on the chest, 1—inflammation of the brain, 1—stillborn, 2.

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1838.

Aug 22—ep3m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

July 25—eoptN—emtJy

COLLEGE OF PHYSICIANS AND SURGEONS OF THE WESTERN DISTRICT, N. Y.

THE annual course of Lectures will commence on the first Tuesday of October and continue sixteen weeks.

On Midwifery,	- - - - -	WESTEL WILLOUGHBY, M.D.
On Chemistry and Pharmacy,	- - - - -	JAMES HADLEY, M.D.
On Anatomy and Physiology,	- - - - -	JAMES McNAUGHTON, M.D.
On Theory and Practice of Physic,	- - - - -	JOHN DELANATER, M.D.
On Materia Medica and Medical Jurisprudence,	- - - - -	T. R. BECK, M.D.
On Principles and Practice of Surgery,	- - - - -	JAMES McNAUGHTON, M.D.

In consequence of the removal of Dr. Mussey to Cincinnati, the course on surgery will be delivered by Dr. McNaughton from the present session, and until the vacancy is filled by the Regents of the University.

Price of all the tickets, \$56.

The College possesses a valuable medical library, an anatomical museum, and an extensive collection of minerals. A large number of students can be accommodated with rooms in the college buildings, and good private rooms are to be had in the village, at a moderate expense.

It is believed that no medical institution in the country affords greater advantages at so moderate an expense. The situation of the institution is healthy, and students are not exposed to the many allurements to idleness and dissipation which interfere with study in larger towns. The whole expense of a full course, including board, needs not exceed \$100. By order,

JAMES HADLEY, Register.

N. B.—Ample opportunities for dissection are offered at a moderate cost, under the direction of the professor of anatomy.

Aug. 22—ep4t

BERKSHIRE MEDICAL INSTITUTION.

THE annual Course of Lectures for 1833, in this Institution, will commence on the 23d of August (the last Thursday but one in the month) and continue thirteen weeks.

The pre-requisites for admission to an examination for the Degree of Doctor of Medicine are, three full years' study under a regular practitioner of medicine; attendance on two full courses of medical lectures, one of which must have been at this school; a defensible thesis on some subject connected with medical Science; an adequate knowledge of the Latin language, and a good moral character. Gentlemen who intend to present themselves as candidates for a Degree are particularly requested to procure full and formal certificates of time.

By legalizing the study of Anatomy, the Legislature of Massachusetts has furnished its Schools with superior advantages for Practical Anatomy. It has also, by this provision, most effectually guarded the sepulchres of the dead from all violation.

Theory and Practice of Medicine, by	- - - -	HENRY H. CHILDS, M.D.
Botany, Chemistry and Natural Philosophy, by	- - - -	CHESTER DEWEY, M.D.
Principles and Practice of Surgery, by	- - - -	VILLARD PARKER, M.D.
Materia Medica and Pathological Anatomy, by	- - - -	ELISHA BARTLETT, M.D.
Obstetrics, by	- - - -	DAVID PALMER, M.D.
Anatomy and Physiology, by	- - - -	ROBERT WATTS, JR., M.D.
Legal Medicine, by	- - - -	HENRY HUBBARD, Esq.

Fee for the Course of Lectures, \$50. Fee for those who have already attended two full courses at an incorporated medical school, \$10. Graduation fee, \$18. Fellows of the Massachusetts Medical Society, and others who have received the Degree of Doctor of Medicine, are admitted gratuitously to the lectures.

Pittsfield, Mass., 29th June, 1833.

1 Aug 23

R. WATTS, JR., Dean of the Faculty.

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Prize Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz.:—

JOHN C. WARREN, M.D.	GEORGE HAYWARD, M.D.
RUFUS WYMAN, M.D.	JOHN RANDALL, M.D.
GEORGE C. SHATTUCK, M.D.	ENOCH HALE, M.D.
JACOB BIGELOW, M.D.	JOHN WARE, M.D.
WALTER CHANNING, M.D.	

At the Annual Meeting of the Committee, on Wednesday, August 1, 1833, a premium of fifty dollars, or a gold medal of that value, was awarded to Edward Warren, M.D., of Boston, for a Dissertation on the question, "What are the causes, seat and proper treatment of Erysipelatous Inflammation?"

The following Prize Questions for the year 1839, are before the public, viz.:—

1st. "The pathology and treatment of rheumatism."

2d. "What is scrofula? and what is its best mode of treatment?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1839.

The following questions are now offered for the year 1840, viz.:—

1st. "The pathology and treatment of typhus, and typhoid fever."

2d. "The pathology and treatment of medullary sarcoma."

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday of April, 1840.

The author of the best dissertation on either of the above subjects will be entitled to fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.:—

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

ENOCH HALE, Secretary.

Publishers of Newspapers and Medical Journals throughout the United States are respectfully requested to give the above an insertion.

Boston, August 4, 1838.

Aug 8—41

HARVARD UNIVERSITY—MEDICAL LECTURES.

THE Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by	- - - -	Dr. J. C. WARREN.
Midwifery and Medical Jurisprudence, by	- - - -	Dr. CHANNING.
Materia Medica and Clinical Medicine, by	- - - -	Dr. BIGELOW.
Principles of Surgery and Clinical Surgery, by	- - - -	Dr. G. HAYWARD.
Chemistry, by	- - - -	Dr. WEBSTER.
Theory and Practice of Physic, by	- - - -	Dr. WARE.

Circulars of the Medical and Surgical Practice of the Hospital may be had of the Dean.

WALTER CHANNING,

Boston, July 23, 1838.

Aug 1—4N

Dean of the Faculty of Medicine.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$4.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIX.]

WEDNESDAY, AUGUST 29, 1838.

[NO. 4.]

REPORT ON TYPHOID FEVER.

[REFERENCE was last week made, in the Journal, to the valuable report on typhoid fever, communicated to the Massachusetts Medical Society by Dr. James Jackson, of this city, and several extracts were given. For the benefit of those of our readers who do not, as members of that Society, receive an entire copy of the report, we present further quotations, taken from different parts of it.]

Mercurials.—When the hospital was opened, the use of mercurials had not been relinquished so much by others as by myself; and I still employed them occasionally in the first three or four days of the disease, and still more when any important secondary disease, of an inflammatory character, was added. But the faith in them was lessening from year to year; and they have been given up almost entirely in typhoid fever, since 1830.

In accordance with this statement, I find, on looking at the cases, that mercurials were employed efficiently among those, who entered in the 1st or 2d week of the disease, in fifty-five cases. The whole number who entered in those weeks was two hundred and twenty-nine. Of these fifty-five cases, fifty-three were admitted prior to the year 1831, two in that year, and one in the year 1833. To see the force of this statement, it must be observed that the whole number of cases, prior to 1831, was one hundred and forty-five; and the whole number in 1831 to 1835 inclusive, was one hundred and fifty-eight.

In the year 1833 we began to doubt the benefit of active treatment, or at least of any continued active treatment; though few patients were allowed to go without a cathartic. This doubt was sustained by one of my colleagues, who had the charge of the hospital usually from July to the middle of October, more than by myself. I commonly had the charge for five or six months, from the first or middle of October till March or April. During the years 1833, 1834 and 1835, I usually employed antimonials, according to the method of Odier, in cases admitted in the first week of the disease, and occasionally in those admitted later, except where some objection showed itself in the peculiarity of the case, and except in very slight cases. I also continued the early evacuations, but did not so often employ cathartics after the first days, as I had previously done.

Number of Cases.—The whole number of cases, sufficiently well marked to be the subjects of a critical inquiry, was 303. In addition to

these, there were 65 cases which may be regarded as doubtful. In some of these, the details on record are insufficient to be the foundation of a clear diagnosis. In some there is no doubt, and in others very little, as to their claim to be admitted as cases of typhoid fever. But the details in these are insufficient to enable one to determine the period at which disease commenced, and, therefore, the cases are of little value, as to most points. They ought, indeed, to be kept in view, when calculating the proportion of fatal cases. It would be safe to say, that, of these 65 cases, 40 should be admitted as cases of typhoid fever. One only of the 65 cases terminated fatally.

Fatality of the Disease.—Of the 303 cases, 42 proved fatal; that is, 1 in 7.214 was fatal. But if we add the 40 cases, among which there was one death, we find 1 fatal case in 8 nearly. In all future calculations, 303 will be regarded as the whole number of cases.

Sex.—The whole number of males was 203; and that of females 95. It would be improper to ground any calculation, as to the relative frequency of the fever in the two sexes, upon this statement. It is probable that females have never resorted to the hospital so readily as men have; it is certain that this was true the first years after its establishment. In 1821 there was not any case. In 1822 to 1826, inclusive, there were 54 male, and 11 female patients; making the whole number 65, affected with typhoid fever; so that 1 in 6, nearly, was a female. In 1827 to 1835, inclusive, there were 154 male and 84 female patients; in the whole 238, so that 1 in 3, nearly, was a female. Even here, perhaps, the proportion of females affected with this disease was less than that which actually occurs in the whole community. Yet it is true, as I believe, that this disease occurs among men much more frequently than among women.

Among the males there were 28 fatal cases, and among the females 14; so that among the males 1 in 7.392 cases was fatal. Among the females 1 in 6.785 was fatal.

Age.—The age was recorded in 291 cases, and among these the average age was 23.309 years. Among the cases which terminated favorably, the average age was 22.980. There was a difference between the males and females, for the average age among the males was 22.903; while among the females it was 24.044, being more than a year greater in the females than in the males.

The ages were recorded in 27 of the fatal male cases, and among them the average was 24.926. They were recorded in all the 14 fatal cases among the females, and the average was 26.071. In the 41 cases taken together, the average age was 25.317. Thus it appears that the average age was about two years more in the fatal cases than in all the cases taken together, and about 2 1-3 years more than in the cases not fatal. A more minute examination into this subject confirms more strongly the influence of age on the event in this disease.

In the whole number, whose ages were recorded, viz., 291, there were 16 aged 35 or upwards, and of these 4 died, or 1 in 4; whereas in all the 303, there died 1 in 7.214. And there were 34 cases where the age was 30 or upwards, and of these 8 died, or 1 in 4 $\frac{1}{4}$, nearly in

the same proportion as in those of 35 years or upwards. If we deduct these 34 from 291, we leave 257, who were under 30 years of age. As there were 42 deaths in the whole, and in 1 of the fatal cases the age was not ascertained, and as there were 8 fatal cases in the 34, it appears that there were 33 fatal cases among the 257. Among these, therefore, 1 case in 7.787 was fatal. Again, there were 87 cases in which the ages were 20 or under, and among these there were 8 fatal; so that among these the fatal cases were in the proportion of 1 in 10.875 cases.

Predominance of particular symptoms.—It is well known that at certain periods, typhoid fever and other acute diseases are unusually severe and unusually fatal. In like manner certain symptoms appear more frequently, or with unusual severity, at particular periods. This has attracted my notice, when engaged in practice, and was quite manifest in taking off from the hospital records the notes on which this report is founded. I will state a few instances, derived from a hasty review of those notes.

In all the cases together, 1 in 2 had a dry tongue. In the latter part of 1828 and beginning of 1829, there were, in 11 successive cases, 9 which had this symptom. In 1831, in 15 successive cases, there were 11 with the same. In 1834, this symptom was noted in 10 of 12 successive cases. And in 1835, it was noted in 22 of 27 successive cases.

Epistaxis occurred in 1 of 4 of all the cases. In 1834, of 12 successive cases at one period, it occurred in 7, and of 14 successive cases at another, it occurred in 10; making 17 in 26; that is, in nearly 2 out of 3.

In 1834 the whole number of cases was 34. Among these, watchfulness was noted in 15, or rather less than half. The proportion in the whole number of cases was 1 in 3.65. But these 15 cases were not scattered through the year; for five of them were the first five cases in the year, and seven of them were in 10 successive cases near the end of the year.

In 1835 the whole number of cases was 35. Among these, watchfulness was noted in 17 cases, very nearly half. But 5 of the 17 occurred in 6 successive cases, and 8 occurred in the 10 last cases of the year; so that in these 16 cases, there occurred 13 of the 17 cases, which belonged to the whole year.

In 1833, on the other hand, I find two instances, in each of which, this symptom was absent in 7 successive cases.

Deafness occurred in 1 case in 6.73. In 1833, in 8 successive cases, 7 were attended by deafness. It occurred in only 5 other cases in that year, though the whole number was 37.

In 1829 there were 25 cases, of which one only occurred in January and was fatal. This belonged to the year preceding; I mean that it might be supposed to have its character from that of the autumn of 1828. The first of the other 24 cases was admitted in the spring. None of these 24 were fatal. Among them cerebral symptoms appeared much less than in the average of all the cases. Thus watchfulness was noted in 7; delirium in 4; somnolence and subsultus tendinum each in 1. On looking back, it will be seen that, except the watchfulness, all these

symptoms were in much less proportion than in the whole number of cases, and even than in all the favorable cases. In the one fatal case in 1829, somnolence and delirium were noted, the last being unusually severe. I think proper to add, though I can make no inference from the statement, that in 1829, headache is noted as unusually severe in a large proportion of cases; that is, in 13 of the 24 cases. The only case in the year in which it was not noted, was the fatal case. This is readily explained, when it is added that the case was marked by stupor and great delirium, which prevented a knowledge of the patient's sensations after his admission, as well as of their history previously.

In looking over those years in which the symptoms were most accurately noticed, I do not find the headache marked as unusually severe in any proportion near to that above stated. The greatest proportion in any other year, is nearly 1 case in 4.

To the foregoing remarks I will add only that in 1827, chills were very frequently noticed during the progress of the disease; and that in 1830, the exacerbations of fever were unusually severe in many instances, giving the disease a remittent character.

Relapses.—In cases of measles, smallpox and other diseases, dependent on specific morbid poisons, we never see a relapse of the disease. The smallpox, having run its course, will not appear again, whatever imprudence the patient is guilty of during convalescence. I think it is not so with typhoid fever. An error in diet and regimen is often followed by a new train of symptoms, after convalescence from this disease; and these appear to me to be such as belong to this fever. It is, however, true that they are not always so strongly characteristic, as to leave no doubt on the subject. If, however, they are carefully noted, they will not be found to accord with any other disease. I hope by these remarks to call such exact attention to the subject as may decide this point hereafter.

Contagion.—The question frequently arises, whether this disease is contagious; in other words, whether it can be communicated from one who has it to one who is in health, or who is free from this disease at least.

If I were to answer from general experience, I should say that instances occur, in which there is much in favor of the affirmative; but that in the great, very great majority of instances, there is not any such evidence. At times the typhoid fever extends through every part of a town or city; at other times it is limited to a district more or less narrow; and at others, it will be found limited to a few families in a city, these families being widely separated from each other. In only one instance have I ever known this family disease occur twice in the same house, and then it was in the same family. It was in a very old house, being the memorable house recently taken down, which was said to have been built by the celebrated Sir Henry Vane. I have, however, known this *family fever* occur in the most cleanly houses, and once in a perfectly new house, into which a very respectable family of the most cleanly habits moved in the autumn; having spent the summer in the country, and in good health. In this instance one of the family, a boy,

resided at his grandfather's in a distant part of the town, but was at his father's house very often. He had the disease at his grandfather's, and literally died in his grandmother's arms, yet none of the grandfather's family had the disease. I have already referred to this subject in part.

But what evidence do the hospital cases afford on this subject? I may say, that occasionally, our patients stated that they came from families where the disease existed, and in a very few instances they had been nursing the sick. As to our hospital nurses and servants, I have collected all the cases in which they had the disease. It should be noted, first, that none of these were old, rarely one above forty, most of them under thirty; and that among them, being usually from 20 to 25 in number, there were frequent changes. Thus in 12 years there have been many of them, probably 200. Also, they were often fresh from the country. They were, therefore, fair subjects for the disease.

In our 303 cases, 20 were nurses, or servants of the hospital, residing in it. Except the nurses, however, they had not much intercourse with the sick. One was in 1824; 1 in 1827; 1 in 1828; 5 were in 1829; 6 in 1831; 3 in 1832; 1 in 1833; 1 in 1834, and 1 in 1835.

It is first to be remarked, that the number of inmates of the hospital, affected with the disease, did not bear any proportion to the numbers admitted with it, in the several years respectively. Nor did they occur most in the years when the disease was most severe. It was in 1833 that the disease was most severe in its character, and only one of the inmates had it that year. In 1829 it was the most mild, and in that year five of the inmates of the hospital had it. It would be very difficult to trace out the particular chances for exposure in each case. But in regard to four of those in 1831 the circumstances are so peculiar as to merit a particular statement.

In 1831 the first patient was admitted in January, the second in May. This last was not a severe case; the patient was convalescent on the 21st day, and was discharged well on the 31st day of the disease, viz., on the 9th of June. No other case was admitted before four of the hospital inmates were taken sick with the fever. These were admitted to the wards from June 29th to July 5th, and on July 26th a fifth was admitted. Although admitted on different days, three of the first four were taken sick on the 25th and 26th of June; the fourth on the 2d of July; and the fifth on the 24th of July. In the first week of July there were admitted two patients, with the same disease, from abroad; these were persons who had not had any connection with the hospital; they were taken sick on the 22d and 26th of June.

It is difficult to persuade one's self, that in these instances, occurring when the hospital was so free from the disease, contagion had any influence.

It should be added, that our hospital pupils have not been more frequently affected with the disease, than others of the same age. Of course this statement is not founded on an exact comparison; it would be difficult to do this; but I am quite satisfied of its accuracy.

Treatment.—In reviewing the statements which have been made in respect to treatment, we may, I think, adopt the following conclusions;

at least, we may adopt them, as rendered probably just, and as worthy to guide us in future efforts for the welfare of those affected with the typhoid, or continued fever of New England.

First, that on the attack of this disease, the patient should immediately desist from labor and mental exertion, abstain from food, except of the simplest liquid food, and place himself in bed, or, at least, in a state of repose.

Second, that free evacuations should be made at the beginning, and that in doing this a day is important. It is better that they be made the first day than the second, better on the second than the third; but that it is especially important that they should be made as early as the third day. That an emetic of tartarized antimony should first be given, and then an active cathartic, or the two in combination. If there is constipation at the time, an active enema, given at first, to disembarass the bowels, would no doubt facilitate the action of an emetic. If the vomiting and purging are not followed by great relief, venesection should be practised on the following day, unless the constitution should be very feeble or the case very mild.

Third, if the disease has not subsided after the evacuations, tartarized antimony should be given every two hours in increasing doses, after the method of Odier before mentioned. Meanwhile the bowels should be kept open, and, for two or three of the first days, it would be well that calomel should enter into the medicine used for this purpose; not, however, giving more than one moderate dose in a day. It should be noted, however, that, usually, after the antimony has been given for forty-eight hours, this will act sufficiently on the bowels, and that sometimes it must be restrained by opium.

Fourth, that when the disease subsides early under any active treatment, it is quite essential that the patient should be restrained from solid food for two or three days, at least, after he has an appetite for it; and that he then use only vegetable food, in small quantities, for two or three days more. Likewise that he should not be allowed to make any efforts of either body or mind, until his convalescence is fully established. By this it is not intended that he should be confined wholly in bed, but that he should be confined to his chamber, and not allowed to talk on business, nor on any interesting subject.

Fifth, that evacuations, vomiting and purging at least, may be resorted to with advantage in the second week; and that, perhaps, some benefit may be obtained from antimony in small doses, when commenced in that week. But that, after that period, no active treatment should be employed, or none which will cause any serious inconvenience to the patient.

The remarks under the following heads are offered as the result of my experience, as it remains in my mind; but not as deductions made according to the numerical method.

Sixth—as to diet. There is no point, probably, on which all practitioners are more agreed, than that food should be withheld from persons affected with this disease in its early period, except only the mildest, or most bland, liquid articles. Probably food would be injurious in its early

period, at least, if it could be digested. But it cannot be digested perfectly, and often not at all, and that alone should forbid the use of it. When the disease is arrested or mitigated by treatment, it is very certain that an indulgence in the use of food is most commonly injurious, and that the cautions already stated are not too severe. When, however, the patient is fully reinstated, he must be allowed some extra food for the recovery of his flesh and strength. This must be done cautiously; but an extreme and protracted abstinence is injurious. When the disease runs its usual course, and the appetite for food returns, is there any danger in the indulgence of it? To this question I answer, in proportion as the return of appetite takes place early, more caution is necessary. If it takes place at, or about the end of the third week of the disease, if it is decided, and if it is accompanied by a cleaning of the tongue, almost any article, which the patient craves, may be allowed him with safety. The appetite is usually a sufficient guide as to the quality of the food; but not as to quantity. In a large proportion of cases it will be found a most uncertain guide, as to quantity. Hence it is necessary to begin with small quantities, and to increase gradually. It is equally necessary to make the intervals long between the portions of solid food, which are given in the early period of convalescence. At first there should be one portion of solid food in the day; the next day, if everything is favorable, two portions, with five or six hours between them; and two or three days later, watching the effects, three meals may be allowed. But we are not merely to feel the pulse under these circumstances, to see if the fever has increased. The danger is not, I apprehend, that the system will be too suddenly nourished. It is that the enfeebled organs of digestion may not be able to digest the food. We must, therefore, watch all the signs which refer to those organs. Only, if the head should ache, or other organs be disturbed, we should remember that the prominent signs of indigestion are often shown elsewhere than in the stomach, and stop the food till it appears whether this is not now the case. It is also to be constantly remembered, that constipation of the bowels will be followed by indigestion, and that evil must therefore be guarded against.

Seventh—cordials. On this, as under the last head, I must give the convictions, arising from the most careful observations I have been able to make in many years. I cannot adopt the more accurate mode of the numerical system. Nor in this case could this system be usefully followed, unless with the greatest attention to the state of each case. It has appeared to me that we should not adopt the rule to give cordials, nor to withhold them, in every case. When a patient is induced to take cordials reluctantly, they seldom benefit him, and are often followed by injury. When he is greatly enfeebled, at a late stage of the disease, he may be safely asked if he wishes for them, and if he does, he may try them; they will seldom hurt him then, if he takes no more than is grateful to him. When he spontaneously demands them, as late as the third week, they will almost always be found useful. Now, in following these rules, I have occasionally found a patient who would take a large quantity of some cordial liquor. But this has been rare. Few take

them longer than two or three days, and the majority of patients do not take them at all. It is proper to add that by cordials I mean vinous liquors. I have most commonly found cider grateful in the first instance, beginning with an ounce, two or three times a day, and increasing according to the effects. Sound beer, or ale, is more rarely, but sometimes grateful. In patients much exhausted, however, the strong foreign wines, Sherry, Port and Madeira, are found most useful. These articles may be diluted, or may be employed to season articles of diet, or may be given alone, according to the taste of the patient.

ON THE DIVISION OF THE TENDO ACHILLIS AND OTHER TENDONS.

ABSTRACT OF A LECTURE DELIVERED BY MR. LISTON AT THE UNIVERSITY COLLEGE HOSPITAL, LONDON.

IN the commencement of his lecture Mr. Liston said the division of tendons for the cure of deformity, was by no means a new proceeding; it was frequently resorted to by many of the older surgeons, among whom were John Mekran, and Mr. Sharpe, a surgeon of Guy's Hospital, nearly a century since, which latter was in the habit of dividing the origin or attachments of the sterno-mastoid muscle, for the cure of torticollis. This operation had been repeated of late years by Sir B. Brodie, by the late Baron Dupuytren, and he (Mr. Liston) had seen cases in which its performance was attended by good results. It was a proceeding, however, which was not frequently called for, inasmuch as the twisted state of the neck was generally produced by disease of the vertebræ, or from a painful swelling or ulcer on the side of the neck, producing such an alteration in the structure of the part, as to render operative proceedings useless. Delpsch might justly be considered as the founder of the operation of dividing the tendo Achillis for the cure of club-foot. He had related, in his "*Chirurgie Clinique*," several cases of varus, as they were called, and described the plans of his apparatus for carrying out his mode of curing them. One or more cases were related in which the tendon was divided. His plan was to make a longitudinal incision on each side of the tendon, through which he slipped his knife and divided the tendon from before backwards. Within the last year or two a great number of cases in which the tendo Achillis had been divided, had occurred, and were related by the operators, Stromeyer, Dieffenbach, Guerin and Dr. Little, who himself was the subject of varus, and had published a thesis on the deformity. This gentleman had also latterly published a number of cases in which the tendo Achillis was divided for the cure of deformity, to which he had given odd and long-sounding names, such as *talipes equinus verus*, &c. &c. The deformity of the foot presented itself in a variety of forms. When the under part of the foot was turned inwards, the deformity was termed varus. In other cases the foot was turned outwards. The first, however, was the most common deformity, and in this case the toes were turned inwards, the patient rested on the cuboid bone, and the root of the metatarsal bone of the little toe. The bones of the foot in this

kind of deformity were little altered in form or appearance. They had attained their ordinary size, and were little distorted regarding their position one with another. After a time, however, if the deformity was not remedied, the bones on the inner side of the foot diminished in size by interstitial absorption; the internal cuneiform, the os calcis, and the soft parts covering them, became altered. The patient rested on this part, the integuments of which became thickened, and a bursa formed in this situation. The limb on the affected side, to the knee-joint at least, lost its size and strength, the muscles becoming soft and flabby, and losing their red appearance. In many cases which were met with the heel was much elevated, owing to the natural shortness of the gastrocnemius and soleus, and their combined tendon; other tendons were also necessarily shortened, while, on the other hand, some tendons, as those of the peronei, were of course elongated. Sometimes, in the deformity called "horse-foot," the patient rested on the distal extremities of the metatarsal bones; this deformity was congenital, sometimes affecting both, sometimes one of the feet. A variety of apparatus had been invented for the purpose of curing these deformities, almost every instrument-maker having a plan of his own. The celebrated Scarpa had recommended one kind of instrument, Delpech another, and Mr. Colles, of Dublin, another. Sometimes the use of an iron, which passed up on each side of the leg, if continued for years, might effect a cure, but there was always much opposition from the contracted state of the tendons, particularly of the tendo Achillis, the division of which much accelerated the cure, leaving the instrument-maker much less to do, or at all events diminishing his difficulties. When the tendo Achillis was divided by accident, it united, after a time, in a favorable manner, a substance being deposited between the ends of the divided tendon; this substance became dense and fibrous, and could not be distinguished from the tendon itself. Horses were subject to an acquired deformity, in which they walked on the point of the hoof of one of their feet. Most of the pupils had seen horses going about with this deformity. Veterinarians had long been in the habit of cutting across the flexor tendons for the relief of this state; they were not at all particular as to the mode in which they performed the operation; they just drew the knife across the leg, and brought the foot into its proper position; the tendons soon united, even though, in some cases, there was a space of three or four inches between the ends of the divided portions; new matter, resembling the original tissue, soon filled up this space, and the cure was completed. It was from reasoning on these facts that Delpech was induced, in 1816, to resort to the proceeding of dividing the tendo Achillis, but he cut through the integuments awkwardly. (Mr. Liston here exhibited several casts, also specimens of the deformity, at various ages, dissected, and a horse's tendon, which had been cut and united.) There, said he, was a specimen of varus; and there two cases in which the foot was permanently extended. The patient, in one case, having walked on his toes with one foot; in the other, both feet were affected from birth. In all these cases the foot was brought into the natural position by division of the tendo Achillis, which proceeding materially

assisted the apparatus-maker. He alluded shortly to a case of acquired extension of both feet which had occurred some years ago during a severe attack of rheumatic gout, or rather of gonorrhœal rheumatism. The heels could not be brought within several inches of the ground; the patient had been to watering places, and had been most judiciously and anxiously treated, but without relief. The tendons, in a most rigid state, were divided with great benefit. The operation was easily performed; there was no necessity of dividing the integuments; a small, punctured wound with a very narrow bistoury, or, what was better, with a needle somewhat resembling a cataract needle, being sufficient. He had divided many with that needle (showing it) with scarcely a perceptible external wound. The tendon was first to be felt for, and being found, the instrument was to be passed close to it, between it and the bone; there were no blood-vessels or nerves likely to be wounded; the point of the instrument was then to be turned towards the tendon, which was to be tickled through and divided gradually; the division was indicated by an audible snap. There was a slight effusion of blood internally about the ends of the divided tendon, but there was no mark or external injury, no swelling, inflammation, or its consequences. The extremities of the tendon soon poured out plastic matter, and this uniting medium, at the expiration of about ten days, might be extended by means of the apparatus employed for this purpose, and in six or eight weeks the foot would be brought into its natural position. In this case (showing a cast) the patient's foot was not only extended, but turned inwards. A cure was effected by a rod which passed up the inner side of the foot. In this case (showing another cast) the patient had distortion of the spine accompanying the deformity of the foot. In two months after the division of the tendon he was able to walk about, the foot being in the natural shape, and altogether of a better form; there was only a little bulging to be perceived in the situation of the divided tendon. There (showing the bones of a foot) was a case in which all the bones were altered in form; the os calcis was smaller than usual. This patient walked all his life on the outside of the foot; a large bursa had formed underneath the thickened cuticle.

The division of tendons answered the purpose of curing deformities in other situations. A case had been in the hospital in which the knee-joint was contracted. The tendons of the semi-membranosus and semitendinosus were divided. The contraction, in this case, resulted from an attack of rheumatism some time since. After the tendons were divided, a screw-joint apparatus was applied similar to that used in fractures of the bones of the leg, by which means the leg could be gradually extended from day to day, by turning the screw. The knee-joint of this patient originally formed a right angle, but she was now enabled to put her toes to the ground, though she was still obliged to use crutches. He (Mr. Liston) would get the knee extended an inch or two more, if possible, not quite straight, however, as the patient would not walk so well as though it were slightly bent. He hoped, by dividing the tendon of the biceps, to produce this extension.

He (Mr. L.) had also latterly divided the tendons of the toes—an

operation, he believed, entirely new—for a common deformity. We often found the toes bent permanently ; the middle toe, generally, sometimes the little toe, which stood up above the others. This deformity was either congenital, or arose from the use of tight shoes. The integument on the convexity of the joint became thickened, and a corn formed. The pain in these cases was sometimes so severe that the patient begged that amputation might be performed. A corn, as the students were aware, not only consisted in a thickened state of cuticle, but there was often a small adventitious bursa underneath it ; this bursa sometimes inflames and suppurates ; here was a specimen in which this was seen (showing a preparation), and in this case the toe was amputated. In this specimen the papillæ of the cutis were also much enlarged ; this occurred from the greater demand for the secretion of cuticle, as was also observed in the paw of the dog. Some chiropodists, as his friend, Mr. Durlacher, were very dexterous in cutting out a corn, and with scarcely any pain, by which means a cure was effected ; but in cases in which the toe was, from its awkward position, constantly subjected to pressure, the suffering was much increased, and interference with the corn was of little use. It was in such cases that patients applied for the performance of amputation. He (Mr. L.) had some time ago been requested by a gentleman, to amputate both his little toes, which had become affected in the way described. In this case he did not wish to remove the toes, but the suffering was so great that the patient insisted on its being carried into effect. At length it was agreed that one toe should be removed, on condition that the other toe should be treated as he (Mr. L.) wished, by the division of the extensor tendon. This proceeding was accordingly adopted. The toe, the tendon of which was divided, was brought into its proper position, and the foot soon became healthy and well. The patient was laid up with the foot from which the toe had been removed, for five or six weeks, an abscess having formed on the dorsum ; and he did not go sound for long after with this foot, while with the other he need not have been confined a single day. He (Mr. L.) had operated on cases of a similar nature successfully, and had others under his care in which he meant to pursue the practice. It did not deserve the name of an operation, being unattended with pain, or the loss of more than one drop of blood.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 29, 1838.

MEDICAL COLLEGE OF GEORGIA.

As the profession at the North are not generally acquainted with the internal construction of the medical institutions of the Southern States, the idea suggested itself that a short sketch of one of them would not be considered a useless article by northern readers. And in the following observations upon this Medical College, as an individual school, we shall also avail ourselves of such facts as are at command, to show

that] efforts are making there to raise the standard of professional character.

The Medical College of Georgia was organized only a few years ago ; yet every department exhibits that kind of strength which commands the respect of well-educated men. There is now in press an elaborate paper, embracing a detailed history of its operations from the beginning, and which, when published, on the authority of the board of directors, will conduce, we apprehend, very much to the advantage of the College, by exhibiting its claims to public patronage.

There is invested in this college, exclusive of the lot of land on which the edifice is erected, in the City of Augusta, \$35,000, which was a donation. The buildings cost \$17,000 ; and the museum, chemical apparatus, library, &c. &c., \$18,000 more. Besides these large sums, the trustees have a fund of \$5,000 for contingent expenses, invested at an interest of eight per cent.

There have been but few changes, comparatively, in the internal administration of its affairs, since its creation. Dr. John Dent, the first Professor of Theory and Practice of Medicine, served but one session, and was succeeded by Dr. Alexander Cunningham, who held the chair, with honor, five years, and finally resigned, only a short time since, in favor of his friend Dr. Ford, who is now in the chair of the Institutes and Practice of Medicine. This gentleman received a degree at the University of New York, in 1822, and was originally appointed to the professorship of Chemistry and Pharmacy, when the Medical College of Georgia was organized. Subsequently he resigned his place in favor of Dr. C. Davis. Last season he officiated in the chair of the Institutes of Medicine and Medical Jurisprudence, and since that period he has been elected professor of that department.

Dr. Paul F. Eve, Professor of Surgery, graduated at the University of Pennsylvania, in 1828, and the year following sailed for Europe, where he remained till 1832, when he was elected to fill the chair of surgery in this institution. During his absence he officiated as a surgeon in the unfortunate revolution of Poland, and received from the Polish government, as an acknowledgment of his devotedness, skill and humanity, the cross of honor.

Dr. Milton Antony, the Professor of Obstetrics and Diseases of Women and Children, who should be regarded as the father and founder of the school, received an honorary degree of Doctor in Medicine from the Medical College of South Carolina, in 1823. He has been a practitioner since 1809—having the previous year attended a full course of lectures at Philadelphia. Dr. Antony is the present editor of the Southern Medical and Surgical Journal.

Dr. G. M. Newton, Professor of Anatomy, graduated at the old Medical School of Philadelphia, in 1831. He then sailed for Europe, where he remained two years, preparing himself for his present distinguished place.

Dr. Dugas, whose province is Physiology and Pathological Anatomy, received a degree from the University of Maryland, in 1827—having previously devoted himself one season to a course of lectures in Philadelphia. He had been three years in Europe before receiving an appointment. In 1834, he again visited Europe, and travelled on the Continent. He there purchased the present museum, chemical apparatus and library.

Dr. Charles Davis, Professor of Chemistry and Pharmacy, is one of the Jefferson Medical College pupils, of Philadelphia. For a time, if our memory serves, he was an Adjunct Professor of Chemistry there. Afterwards he was appointed to teach the same branches in the Medical College of South Carolina, where he remained three years ; but in 1837, on the resignation of Dr. Ford, was inducted into his present office, in Georgia.

The professors of Anatomy and Chemistry receive for the lecture tickets, \$20 each, and devote their whole time to the College, neither of them being practitioners of medicine. The first is Dean of the Faculty, and Demonstrator of Anatomy in the dissecting room. Each of the other professors receives a fee of \$15. Graduation fee, \$30. From five to six anatomical lectures are given weekly. On physiology and pathological anatomy, and materia medica and chemistry and pharmacy, three times a week. Institutes and practice of medicine, four times a week, the ensuing winter, and in future seasons, from five to six times each week. Lectures on the principles and practice of surgery, and on obstetrics and diseases of women and children, four times a week, each. All the lectures are delivered in the morning, so that the students are not interrupted in the dissecting room in the remaining half of the day. Peculiar generosity is manifested in this important appendage of a medical school—the dissecting room—where the student is admitted free of all expense.

Thus it will be seen that efforts have been made, and are continually in force, in the far-off State of Georgia, which are worthy of all commendation. If the people would be content to allow this institution to fix the standard of medical qualifications, they would soon be proud of their physicians and surgeons, educated near their own homes ; but such is the rage for undermining and trampling under foot whatever was once respectable in the profession of medicine, in this country, that it would not be at all surprising if Georgia should become the Eldorado of quacks, notwithstanding the strength and resistance of their greatest enemy, the Medical College.

In 1826 the State established a board of physicians to examine all candidates, even those possessing diplomas, who proposed practising the profession of medicine within the Commonwealth. This commission had also the power to regulate the qualifications of the apothecaries. The annual meetings were at Milledgeville, the capital, and prevented all unqualified persons from exercising the healing art. In 1836, however, just as the system became well understood, and its success apparent, the legislature, not by any means in its wisdom, enacted a law by which Thomsonians were permitted to dabble in red pepper and lobelia, just as they chose, which so thoroughly disgusted all sensible men, that the medical board, previously so respectable, deriving its authority from the same legislative body, have never had a meeting since, nor will it, it may be presumed, till, by the force of law, quackery is again discountenanced. There are now no restrictions on the practice of medicine in Georgia—each man doing that which seemeth right in his own eyes.

In connection with these remarks, it is not out of place to make honorable mention of Drs. Smett, Abbot, Fort and Haynes, who have been greatly distinguished in Georgia for high medical attainments, and for their political elevation in the national councils.

New School for Medical Instruction.—To the several private medical schools, in this city, already before the public, a new one is now added ; and, judging from the array of talent and of names well known to the profession, we may safely predict from this association a long career of usefulness to the pupils who may resort to it for instruction, as well as success and prosperity to the institution itself.

Curvature of the Spine.—A pamphlet, containing two papers, recently published in this Journal, on curvatures and other diseases of the spine, in the form of familiar letters, addressed to J. C. Warren, M.D., by the author, John B. Brown, M.D. seems to be circulating to good purpose. We wish it might be the means of giving notoriety to his infirmary, at No. 65 Belknap Street, which has been instituted expressly for the treatment of spinal distortions, club feet, &c. It is our intention to examine Dr. Brown's apparatus, whenever he may be at leisure to explain his system of practice, with a view to the benefit of a wretched class of sufferers who may be totally ignorant of the existence of an institution expressly devoted to their service.

Medical Examination.—At the examination of medical students, candidates for the degree of M.D. in Harvard University, held on Monday the 20th inst., the following gentlemen were examined and approved for public examination on Friday. Messrs. Adams, Blood, Bradstreet, Brewer, Briggs, Cutler, Gerry, Goff, Lyon, Mack, Stone, Tucker, Wellington and West.

Geneva College.—The faculty have sent abroad their annual circular, which shows that every proper effort is making to produce good and able physicians and surgeons. Dr. D. L. Rogers, of New York, is an important, and, doubtless, gratifying acquisition to the medical faculty of the institution. The cost of the lectures is only fifty-five dollars. Dr. John Stevens and Dr. John W. Francis, both of the City of New York, are the curators.

Progress of Surgery and Medicine in Sicily.—That indefatigable writer and eminent operator, Dr. Portel, of Palermo, has sent forth another small publication, which was received here last week. A translation of such parts as are of general utility, is already in progress. It gives us pleasure to hear of the author's promotion, by the King of Naples, to the most important medical office in the gift of the crown, in which the emoluments are a compensation for the exercise of great talents, science and untiring industry.

Medical Miscellany.—The Albany Medical Society have resolved to wear mourning, thirty days, as a token of respect for the memory of the late Dr. Lewis B. Gregory, of that city.—Jefferson Medical College is now an independent school, by charter, having discontinued its connection with Jefferson College, at Canonsburg. The circular is abroad for the present year. The lectures commence the first Monday in November. There is a degree of enterprise exhibited in this school worth

copying by all similar institutions.—The commencement of Geneva College was held on Wednesday last. The degree of M.D. was conferred on two in course. The honorary degree of M.D. was conferred on Dr. Richard Wells, Dr. F. T. Ferris and Dr. Ishiel Stearns.—Amputation of nearly half the under jaw has been recently performed successfully in Georgia, the particulars of which are promised, shortly, on the authority of a medical gentleman of Augusta. The disease was osteo-sarcoma.

Whole number of deaths in Boston for the week ending August 25th, 38. Males, 19—females, 19.
Consumption, 2—dysentery, 2—scarlet fever, 2—infantile, 2—cholera infantum, 3—inflammation of the bowels, 1—hooping cough, 2—disease of the heart, 1—mortification, 1—typhous fever, 1—fits, 4—marasmus, 1—water on the brain, 1—old age, 2—insane, 1—sudden, 1—teething, 2—cholera morbus, 1—child-bed, 1—dropsy in the head, 1—apoplexy, 1—stillborn, 3.

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

THE Lectures in this Institution will commence on the first Monday in November, and continue for four months.

J. AUGUSTINE SMITH, M.D., Professor of Physiology.

ALEXANDER H. STEVENS, M.D., Professor of Clinical Surgery. (Lectures at the New York Hospital.)

JOSEPH MATHER SMITH, M.D., Professor of the Theory and Practice of Physic and Clinical Medicine.

EDWARD DELAFIELD, M.D., Professor of Obstetrics and the Diseases of Women and Children.

JOHN B. BECK, M.D., Professor of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Professor of Chemistry and Botany.

JOHN R. RHINELANDER, M.D., Professor of Anatomy.

ALBAN G. SMITH, M.D., Professor of the Principles and Practice of Surgery.

ROBERT WATTS, JR., M.D., Lecturer on Special Anatomy.

The expense of attending a course of Lectures by all the Professors, is \$108.

Attendance upon two complete courses of Lectures is necessary to entitle the student to present himself for graduation, one of which must have been attended at this College. He must also have studied medicine three years, and attained the age of twenty-one years.

Two opportunities in each year are afforded for graduation; one on the first Tuesday in April, and one on the last Tuesday in October.

The examination of Candidates for the Spring graduation commences on the first of March, and for the Fall graduation on the 2nd Tuesday in September.

College Building.—During the last year, the new and extensive College edifice in Crosby Street has been completed. In its construction, no effort has been spared to provide within its walls every accommodation that may be necessary for carrying on the business of instruction in the various departments of Medical Science, and it is believed that in no one respect will it be found wanting in the great objects for which it was designed. To the planning of the Anatomical part of the building, especial attention has been paid, with the view of furnishing every convenience and accommodation that may be required for teaching Anatomy, as well as for private dissection. In addition to the public dissecting room, a number of smaller rooms have been fitted up, where Anatomical investigations may be pursued in a more retired and private manner.

New York Hospital.—This Institution accommodates about two hundred and fifty patients, and presents every variety of disease and accident to which the human frame is liable. Situated in the very heart of the city, and within a few minutes walk of the College, it possesses the great advantage of being easy of access, without any loss of time, and the students have daily opportunities of witnessing the practice of the house.

New York Ear and Eye Infirmary.—The average number of patients who resort annually to this Institution, for professional advice, amounts to upwards of one thousand. It thus furnishes the amplest field for observation and instruction in the various diseases of the Eye and Ear. It is opened gratuitously to the students of the College.

J. AUGUSTINE SMITH, M.D., President.
N. H. DERING, M.D., Registrar.

New York, June 25, 1838.

Aug 29—1N1

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	- - -	" DR. WARE.
On the Principles and Practice of Surgery,	- - -	" DR. OTIS.
On Anatomy,	- - -	" DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

MEDICAL INSTITUTION OF YALE COLLEGE.

THE course of Medical Instruction in Yale College begins on Thursday, November 1st, 1838, and it continues seventeen weeks. The several branches are taught as follows, viz.

Theory and Practice of Medicine, by	- - -	ELI IVES, M.D.
Chemistry and Pharmacy, by	- - -	BENJAMIN SILLIMAN, M.D. and LL.D.
Materia Medica and Therapeutics, by	- - -	WILLIAM TULLY, M.D.
Principles and Practice of Surgery, by	- - -	JONATHAN KNIGHT, M.D.
Obstetrics, by	- - -	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	- - -	CHARLES HOOKER, M.D.

The matriculation fee and contingent bill are \$7.50; the fees for Chemistry, Anatomy, Surgery, Materia Medica, and Theory and Practice, are \$12.50 each, and for Obstetrics \$6.00—amounting to \$76.00—the whole to be paid in advance. The graduation fee is \$15.00.

Yale College, Aug. 16, 1838.

A29—6w

CHAS. HOOKER, Secretary.

FOR SALE.

THE house now occupied by Dr. Eli Hall, together with 30 or 40 acres of good land. The house is well constructed, two stories high, almost new, in good style, large and commodious rooms, superior cellar, wood-house, well, carriage-house, and horse-barn attached. Also a variety of excellent, selected fruit trees—cherries, plumbs, pears and apples. Possession given to suit the purchaser. Few situations can be found more desirable for a physician or lawyer. Terms very low.

For further particulars inquire of J. H. Flint, M.D., Springfield; C. A. Hall, M.D., Northampton; H. H. Hall, No. 55 Kilby Street, Boston, or at the premises.

Blandford, Mass., August, 1838.

Aug 8—6w

COLLEGE OF PHYSICIANS AND SURGEONS OF THE WESTERN DISTRICT, N. Y.

THE annual course of Lectures will commence on the first Tuesday of October and continue sixteen weeks.

On Midwifery,	- - -	WESTEL WILLOUGHBY, M.D.
On Chemistry and Pharmacy,	- - -	JAMES HADLEY, M.D.
On Anatomy and Physiology,	- - -	JAMES McNAUGHTON, M.D.
On Theory and Practice of Physic,	- - -	JOHN DELAMATER, M.D.
On Materia Medica and Medical Jurisprudence,	- - -	T. R. BECK, M.D.
On Principles and Practice of Surgery,	- - -	JAMES McNAUGHTON, M.D.

In consequence of the removal of Dr. Mussey to Cincinnati, the course on surgery will be delivered by Dr. McNaughton from the present session, and until the vacancy is filled by the Regents of the University.

Price of all the tickets, \$56.

The College possesses a valuable medical library, an anatomical museum, and an extensive collection of minerals. A large number of students can be accommodated with rooms in the college buildings, and good private rooms are to be had in the village, at a moderate expense.

It is believed that no medical institution in the country affords greater advantages at so moderate an expense. The situation of the institution is healthy, and students are not exposed to the many allurements to idleness and dissipation which interfere with study in larger towns. The whole expense of a full course, including board, needs not exceed \$100. By order,

JAMES HADLEY, Register.

N. B.—Ample opportunities for dissection are offered at a moderate cost, under the direction of the professor of anatomy.

Aug. 22—cp4t

HARVARD UNIVERSITY—MEDICAL LECTURES.

THE Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by	- - -	Dr. J. C. WARREN.
Midwifery and Medical Jurisprudence, by	- - -	Dr. CHANNING.
Materia Medica and Clinical Medicine, by	- - -	Dr. BIGELOW.
Principles of Surgery and Clinical Surgery, by	- - -	Dr. G. HAYWARD.
Chemistry, by	- - -	Dr. WEBSTER.
Theory and Practice of Physic, by	- - -	Dr. WARE.

Circulars of the Medical and Surgical Practice of the Hospital may be had of the Dean.

WALTER CHANNING,

Boston, July 23, 1838.

Aug 1—tN

Dean of the Faculty of Medicine.

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by	- - -	Dr. BIGELOW.
On Anatomy and Surgery, by	- - -	Dr. REYNOLDS.
On Midwifery and Chemistry, by	- - -	Dr. SIGLER.
On Physiology and Pathology, by	- - -	Dr. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1838.

Aug 22—cp3m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 134 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*.

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THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XIX.]

WEDNESDAY, SEPTEMBER 5, 1833.

[NO. 5.]

SMALLPOX AND VACCINATION IN CEYLON.

(Concluded from page 25.)

THE panic inspired by a pestilence so destructive and so widely spread, swept before it the obstacles to vaccination. "It dispelled the apathy and subdued the prejudices of many a stubborn Mussulman, forcing him to seek security and safety from a measure to which no other species of fear would have driven him." Within six months after the first appearance of the disease, the extraordinary number of 55,710, and within the whole year, 62,660 persons were vaccinated, of whom 48,411 inhabited the maritime districts, and 14,249 the Kandian provinces. The number vaccinated in these last, during the second six months of 1819, was 13,770, or considerably more than one and a half of the whole that had previously passed through cowpox, from its first introduction in September, 1816. In the month of November alone, 18,670 persons, or, upon an average, 622 a day, were vaccinated in the maritime districts, and 5,456, or 182 a day, in the Kandian provinces. The good effects of these vigorous measures were strikingly manifested in the diminished number of admissions and deaths, exhibited by returns received from all parts of the country on the 20th of January—than which no later accounts of the disease have been preserved.

The number vaccinated annually had diminished in 1822 to 14,542; but rose in 1823 to 17,735; in 1824 (during which smallpox prevailed, though to what extent is unknown) to 26,623; and in 1825 to 27,424; fell off again in 1826, and still more in 1827; increased a little in 1828; and in 1829 attained to 38,015, which was greatly superior to the number for any intermediate year from 1819.

In January, 1830, smallpox appeared in Colombo, and afterwards spread to the Four korles, Kandy, Doombaera, Matele and Fort McDonald. Three cases occurred at Trincomalie, the same number at Galle, and a few at Aripo and Manaar, during the pearl fishery. But although it did not leave the island in less than fourteen months, its ravages were not to be compared, either in extent or severity, with those it had committed in less than half that time in 1819; the number attacked in the maritime districts being only 813—and 194 of them modified—and the number who died 194, which is in the proportion of 10 to 42; while the number attacked in the Kandian provinces was 198—none of them being modified—and the number who died, 110, which is

in the proportion of 10 to 18. The number of cases, therefore, throughout the island, was 1011, and the number of deaths 257, which is in the proportion of 10 to 39.

There were, besides, 217 cases, in the maritime districts, returned under chickenpox.

In 1830, the number vaccinated rose to 63,284, which was higher than in any former year, and must have contributed very materially to limit the range and diminish the mortality of smallpox then prevalent. For the next three years, vaccination was conducted with very considerable success, the number protected by it, in the last of them, being 24,556.

The visit paid us by smallpox in 1833 must be yet fresh in the recollection of you all. It was first detected in October of that year; prevailed, more or less, until December, 1834; was almost entirely confined to the maritime districts; and in the fourteen months, over which it was spread, attacked throughout the island only 460 persons—107 having it in the modified form—and proved fatal in 112, giving the proportion of 10 to 42.

In the same period 253 cases of chickenpox occurred, and two of them fell victims to dysentery.

This very mild visitation of smallpox had a less remarkable effect in promoting vaccination than either of the two which preceded it; for with all the efforts of the vaccine department, 35,410 persons only were vaccinated in 1834—a number not greatly exceeding one half the number vaccinated in 1819, or 1830. In 1835 the number was 24,319; and in 1836, 24,491.

None of you can be ignorant that smallpox has prevailed for the last ten months, to considerable extent and with great severity, in different parts of the island. It was first detected in Colombo on the 14th of July, in three unvaccinated Moormen, natives of Tutticoreen. By other unvaccinated Moormen it was carried to Caltura and Barbeyrn. Through an unvaccinated Hakooro, on a visit to Caltura, it found its way to the nearly inaccessible village of Naebodde, in Iddegodde pattoe, Pasdoem korle; and, probably by means of Moor pedlars, was transported to the remote and distant Mootetoogame, in Kadawitte korle, Saffragam. How it obtained a footing in the Seven korles is not known; but by the 10th of September, it had reached Wallewe, Giratalawe pattoe, about twenty miles to the east of Chilaw, and afterwards spread to the neighboring villages of Pehimbie and Pallagame. The disease appears to have been carried more directly from the Coast to Jaffna, by the way of Rammisseram; and has visited a great many other towns and villages, as Badulla, Ratnapoora, Kandy, Galle, Matura, &c., without, however, raging so fiercely, or proving so fatal, as in the places first mentioned.

In the beginning of this month the disease assumed a very threatening aspect in Kandy. A wellale from Colombo and Kornegalle had indeed carried it thither so early as the 3d of September, but, during the four succeeding months, only six other mild cases had occurred, five of these in natives of Colombo, Amblangodde and Galle, two of them being re-

cently from the maritime provinces. On the 9th of April an unvaccinated Moorman, residing in Kandy, but a native of Galle, was attacked with the disease in a confluent form, and died on the 22nd; on the 20th of the same month a child, whose mother was reported to have died of the disease, but to have been concealed, was found laboring under it, in the Malay Lines; one of the inhabitants was attacked on the 3d of May, six or seven on the 4th, fifteen on the 5th, and from three to six daily from this to the 10th, since which, not more than one or two seems to have occurred daily, if we except the 14th, in return for which five new cases appear. Eighty-four cases, altogether, have hitherto appeared in Kandy—76 of them during the present month—twenty-three have already terminated fatally, and thirty remain under treatment. The other parts of the Central province, in which the disease has shown itself, for the first time this month, are Doombera, Oodoonuwa, Hewahette, Matele, Nuwera Ellia, Kohoke korle and Kornegalle—42 cases and 9 deaths have been reported from them all, and 23 remaining under treatment or observation.

But during the last four months smallpox has prevailed chiefly, most severely and most fatally, in Slave island; and also during the first half of that period, in the Colpetty, Maliban or Land street, and Fishers quarters, Colombo. Several fatal cases have occurred in Timbirigaspawe, Morottoo, and other villages of the Salpitty korle; and we have too much reason to fear that the disease has not yet spent its force, but may spread extensively through that and the neighboring korles.

The number that have been attacked with the smallpox, in the different provinces, from the first appearance of the disease, July 14, 1836, to May 29, 1837, is 1,102; number of deaths, 303; proportion of deaths to cases, as 10 to 36; remaining sick or convalescent, 126.

In addition to the above there have occurred 270 cases of chickenpox.

In six months of 1819 smallpox attacked three times, and caused the death of considerably above four times the number of persons that it has done during its three subsequent visitations together, comprehending a period of thirty-eight months.

From the review we have now taken of all the visitations of smallpox to this island, of which the particulars have reached us, it appears that, during

the two years end- ing in Sept. 1802	} 2,110 cases and 473 deaths, or 10 deaths to every 45 cases occurred.									
6 months of 1819	7,874	-	-	2,945	-	-	-	-	-	26
14 " 1830-31	1,011	-	-	257	-	-	-	-	-	39
14 " 1833-34	460	-	-	112	-	-	-	-	-	42
10 1-2 1836-37	1,102	-	-	303	-	-	-	-	-	36
Total	11,557			4,090						30

Since the year 1830, the arms of every person affected with smallpox, who has come under the observation of the officers of the vaccine department, in this island, have been examined, and the appearances written down when he was first seen, and before it could be known whether he was to recover or die. Of 312 cases, which, in this way, I myself examined in 1830, 123 acknowledged that they had never been

vaccinated, and 113 more (who said they had been vaccinated) had either no marks, or unsatisfactory marks of vaccination, making 236 in all. Of this number 91 died, giving the proportion of 10 deaths to every 26 cases. Of the remaining 76, who had satisfactory marks of vaccination, only 1 died, giving the proportion of 10 deaths to every 760 cases. During the same epidemic, there were four persons who had labored under smallpox in preceding years, attacked a *second time* with that disease, and *two of them died with this second attack*. Again, in the epidemic of 1833-34—of 425 cases of smallpox reported by different medical officers to the superintendent general of vaccination, 314 had either never undergone, or, in the opinions of those officers, bore no satisfactory marks of vaccination; and 107 of them died, giving the proportion of ten deaths to every 29 cases. Of the remaining 111, that had been successfully vaccinated, only two died, giving the proportion of 10 deaths to every 555 cases. Taking the two epidemics together, we have 737 cases, of which 550 had no satisfactory marks of vaccination, and of these last 198 died, giving the proportion of 10 to 28, or more than 1 to 3; while of the remaining 187, who had satisfactory marks of vaccination, only 3 died, giving the proportion of 10 to 623, or 1 to 62. At this rate, if 124 persons were attacked with smallpox in two villages—62 in each—and all the inhabitants of the one, but none of the other, had been satisfactorily vaccinated, in the first village 1 only, and in the second, 22 would die; are you, then, by neglecting vaccination, to abandon to certain death 22 out of every 62 among you, who may be unfortunately seized with smallpox, merely because that admirable gift of Providence would enable you to save the lives of 21 only, and not of the whole 22?

Of 1102 cases of smallpox—the whole number known to have occurred in Ceylon, from the 14th of July last to the 29th of May—*no fewer than 250 have occurred in Slave island*, and 247, or all but 3 of them, during the last four months and a half, or since the 3d of January. Sixty-five of these thoughtless and improvident beings have already died, and 23 continue on the sick returns. Eighty-six out of the 247 occurred among the men, women and children of the Ceylon Rifle Regiment. Of the remaining 161 cases, 128 had no satisfactory marks of vaccination, and 43 of them are already dead; 34 had satisfactory marks, and 1 one of them, also, is dead. I am bound, at the same time, to add (though I do not profess to be able to explain this very singular anomaly) that, of 16 fatal cases in the Ceylon regiment, 7 are reported to have had satisfactory marks of vaccination.

Of 68 cases of smallpox, admitted into the Marendahn hospital from 14th July to 5th January, 1 only—but of 233 cases, admitted from 6th January to 29th May, 128—came from Slave island. Of 28 cases, that terminated fatally in the same establishment, from 14th July to 5th January, 1 only (the above admitted)—but of 66 cases that terminated fatally from 6th January to 29th May, 41—were from Slave island; and of 31 cases, remaining under treatment on the last mentioned day, 15 came from it.

In the Colpetty, again, 25 cases of smallpox have occurred—23 of

them within the last three months, or since the 6th of January; 8 have died, and 4 remain under treatment. None of the fatal cases had satisfactory marks of vaccination.

The whole number vaccinated in Ceylon, since August, 1802, is 871,122.

INFLAMMATION AS INFLUENCED BY THE TIME OF ITS DEVELOPMENT.

[Communicated for the Boston Medical and Surgical Journal.]

IN a former communication to this Journal I endeavored to show a connection between the phenomena of external inflammation, and the hypothesis of a fluid existing within the system, more subtle than the blood, as the prime agent in impelling the blood in its determinations. The argument in favor of this hypothesis is threefold, as drawn

1st. From the mathematical lines which certain inflammations, as smallpox, ring worm, &c., present.

2d. From the periodical changes, both of form and constitutional affection, which they present.

3d. From a comparison of the different inflammations of the skin with each other, as they are produced more or less suddenly.

The two first have been touched upon, imperfectly, in the communication alluded to. The object of this is to show that there is a necessary connection between the time which a cause acts to produce inflammation, and the course which that inflammation takes; and that this relation between time and the inflammation is what might be expected from the reciprocal action of the blood and a subtle fluid in which it moves, according to the law of resistance in fluids.

The means of estimating the time of action of the remote cause will depend on the manner in which it is applied. If it is inserted beneath the cuticle, as in inoculation, or deposited upon it by friction, we may infer it to be acting from the moment of its application. If it has no such tangible marks, we can, without fear of affecting the general result, regard the commencement of the eruptive fever as the index of its activity. In scarlatina, the period of the eruptive fever equals, or, what amounts to the same thing, is in proportion to, the time of its acting. In endermic medication, the interval between the impression of the irritant and the development of the inflammation, is in proportion to the same. The state of the constitution will affect the action of the cause, as it is disposed to re-act on its impression or not, so as to yield to it a current of stronger or weaker intensity. From these preliminaries it is easy to perceive that my hypothesis, to be tenable, must afford a solution of the phenomena of eruptive diseases, by the introduction of two circumstances only, which, indeed, are elements not to be lost sight of in calculating the effects of currents excited in any elastic fluid whatever. These circumstances are, first, the initial velocity of the current excited; and, second, the time during which that velocity is accelerated; the former of which will agree with the primary effect of the morbid

agent, the latter with the time it may be conceived to act. By them the whole force of the current* can be alone determined, in like manner as the momentum of a body falling by gravity, and with them the phenomena to be explained must correspond, their variations according with variations in one or both of these circumstances.

There are two eruptive diseases attended with high febrile action, in which there is a primary and uncomplicated affection of the skin. These are scarlatina simplex and smallpox. The one presents us with the true type of erythematic, the other with that of phlegmonous, inflammation of the skin. The eruption of measles can hardly enter into the account, because it is complicated with a bronchial affection to which it is secondary. Nor can that of typhus, which is also complicated with an abdominal affection. In scarlatina the eruptive fever lasts from 24 to 48 hours, and the consequence is a diffuse erythematic inflammation of the skin, which runs its course rapidly. In smallpox the eruptive fever lasts twice or three times as long; and when the skin yields to the force applied to it, we have that peculiar plegmonoid inflammation, characteristic of this disease, which is slower in going through its subsequent stages.

From these facts, taking the periods of the eruptive fever as indices of the action of the remote causes, we are entitled to the inference that causes, presumed different, acting with difference of time, produce different effects. Thus much may be said of those causes which act on the constitution in a manner inappreciable to the senses. Now if we take into view the action of external irritants applied to the skin, we shall find that those which operate with rapidity produce an inflammation which runs its course rapidly, and is more or less erythematous. Those which operate slowly, give rise to an inflammation resembling, in a greater or less degree, smallpox. Mustard, ammonia, and other rubefacients, are followed by an erythema immediately on their application, and these inflammations disappear soon after the irritant is withdrawn. Cantharides produce vesication after a slower action, which requires a longer time to heal. When, on the contrary, tartar emetic or mercurial ointment is rubbed over the skin, they show no signs of action for some days; and when the eruption makes its appearance, it is pustular in both instances. The eruption following the application of tartar emetic ointment is so close in its resemblance to smallpox in its first stages, as to be frequently pointed out as the best test to compare it with, in order to determine whether an eruption is smallpox or another disease, when it falls under the observation of a physician who has never seen a case of smallpox.

These facts, taken together, go to establish a proposition which may briefly be expressed thus.

Diversity of cause, acting with uniformity of time, produces uniformity of effect.

* When I speak of a current, I mean to be understood not a uniform flow, but a succession of impulses or undulations directed towards a certain point. These impulses may increase or diminish in force, like rising or falling the notes in music. Such, there is reason to believe, is the true nature of the electrical current, towards one pole of which is a series of impulses of which each successive one is stronger than the one immediately preceding, and towards the other the reverse.

Another proposition, the converse of this, is established by a comparison of the relations of the different kinds of pock among themselves, which, for the sake of bringing in connection with the foregoing, I shall express as follows.

Uniformity of cause, acting with diversity of time, produces diversity of effect.

To prove this, I need only point out the difference between the first and second vaccination in regard to the inflammation proceeding from each. Here we have the same substance, applied to the same tissue, under precisely the same circumstances in all respects but one, and that one is the fact that it has been applied before. To this variation in circumstance we are disposed to refer all variations in the consequences. And what are the variations in the consequences? The first undoubtedly is, the relative shortness of time during which the cause acts to produce its effect; for the virus, the first time it is inserted, seems to lie dormant in the system for two or three days. I say *seems*, for it is an absurdity to suppose that its action does not commence immediately on its coming in contact with the living fibre. On the contrary, the second time of vaccination the system reacts immediately, and the inflammation runs its course in three or four days. Now this difference of effect we cannot refer to the first variation in circumstance, that is, to the fact that the virus has been applied before; for that fact, affecting the constitutional predisposition to be acted upon by the cause, must have the same effect as though the constitutional predisposition remaining the same, a new cause or morbid agent were applied. At the same time, did it depend on that fact alone, there would be no need for a difference in the time of action to produce the difference noticed in the effects. Such a proposition would then be established as this. *Diversity of cause, acting with uniformity of time, produces diversity of effect, which is inconsistent with the first proposition, that diversity of cause, acting with uniformity of time, produces uniformity of effect.* Thus two propositions, deduced each from a separate train of facts, are inconsistent with each other; and it becomes a question how to reconcile them. There is one way to do this, and but one; which is to connect the modifying agency in all cases with the *time of the cause's action*. Both propositions would then merge into the single general one, that all causes acting with uniformity of time produce uniform effects, and causes acting with diversity of time produce diverse effects—or that the effects of causes vary as the time of their action. But the time of action being directly dependent on the cause, must vary as the cause. There can, then, be no such proposition as that diversity of cause, acting with uniformity of time, produces uniform effects; because uniformity of time presupposes uniformity of cause. Here, then, there is a flat contradiction of the first proposition, which involves us again in difficulty. This difficulty, however, will be removed if we consider that the agents we have introduced as causes, are not the real causes, but those that are *apparent to our senses only*. They are the mustard poultices, the cantharides, the ammonia and the vaccine virus. Between them and the visible effects, an intermediate cause may be supposed to exist, which is

a unity varying in degree, but always in the ratio both of the time of its action and of its ultimate effect. Such a cause we are forced to admit, or throw away the first proposition, and, it might be proved, the second also. In proportion, therefore, to the weight of evidence in favor of these propositions, shall we be inclined to call up this intermediate cause. If that evidence is satisfactory, the next point of inquiry will be, whether we must consider the cause a vital or physical one. This inquiry will be resumed in a future number. B. H.

CASE OF LACERATION OF THE IRIS, WITH STRABISMUS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Since the publication of the article on laceration of the iris, in a late number of this Journal, there has occurred in my practice another instance of the same accident, a brief notice of which may be acceptable to some of your readers. The greater part of the cases mentioned in the article referred to, were attended with the destruction or loss of some portion of the iris. In the present case, there is laceration or separation, without loss of substance, of the external margin of that membrane from the ciliary ligament, resulting in the formation of a false or accidental pupil, while the natural pupil remains entire.

CASE.—Thomas Cody, seaman, æt. 19. When about seven years of age he received a violent blow, from a stone, on the right eye. This was followed by a severe inflammation of the eyeball and swelling of the lids. These gradually subsided, but the eye remained weak for a long time afterwards. Upon examination he became aware, some months after the accident, that the power of vision was much impaired from the effect of the concussion upon the delicate texture of the retina. Now he is unable, with the injured eye, to distinguish print of any size, and sees the outlines of large objects indistinctly; and the central part of any dark and opaque body is entirely obscured, while the rest continues more or less visible. But when looking at luminous objects, as the flame of a candle, he has double vision; one of the images appearing upright, and the other extending laterally, like a flame projected by a blow-pipe. Has never had the appearance of luminous spectra, but when exposed to brilliant light, or the reflection of the sun's rays from the water, he observes muscæ volitantes, or dark motes floating in the field of vision.

Some five or six years ago, he first remarked the occurrence of strabismus convergens in this eye. This defect, which is a frequent consequence of habitual neglect of one eye and exclusive use of the other, seems in the present case to remain stationary—neither increasing nor diminishing.

The false pupil is of an oval form, and is situated at the margin of the cornea, next the internal angle of the eye. It possesses, to a limited extent, the power of dilating and contracting, which Dr. J. Wyman (to whom I am indebted for a very correct drawing of the eye) noticed, is

manifested inversely to the motions of dilatation and contraction of the natural pupil. Thus, when the latter is strongly contracted by exposure to a bright light, the former is most fully dilated, and the reverse takes place when the natural pupil is dilated. The dilatation of the false pupil is obviously the result of the contraction of the orbicular or circular fibres of the iris, which diminishing the area of the natural pupil, at the same time draws towards the centre the outer margin of this membrane, where it is separated from its attachment to the ciliary ligament. The natural pupil, when the opposite eye is closed, and the influence of the mutual sympathy existing between the two organs and the functions of their subordinate parts is thus suspended, becomes preternaturally dilated, by reason of the powers of the retina being impaired. It is likewise somewhat irregular in shape; the inner edge, or that which corresponds to the site of the false pupil, approaching to a square form, on account of its not being dilated equally—the straight fibres wanting a fixed point of attachment at this part, but acting fully in all other directions.

Near the inferior angle of the false pupil, and extending over the margin of the cornea, is a triangular-shaped opacity, which is supplied, from the tunica conjunctiva, with several enlarged bloodvessels. This opacity no doubt indicates the spot upon which the blow was received, and, in common with the lesion of the iris, is the result of that injury. The remainder of the cornea and the humors of the eye, are clear and transparent. The left eye is sound.

Of late, the patient has experienced, in the diseased eye, some pain, for the relief of which, local depletion, by cupping, has been advised.

Your obedient servant,

August 30, 1838.

EDWARD J. DAVENPORT.

CASE OF NEURALGIA.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case of neuralgia had been of four months' standing. The patient was a very intelligent female, of the nervous temperament and of a delicate constitution, aged about twenty-two. She had been married about two years, and had one child, which was healthy. The pain was seated in the jaws and side of the face, paroxysmal, and recurring every day, but at no regular time during the day; sometimes coming on in the forenoon, sometimes in the afternoon, but rarely in the night. It had followed the extraction of one of the molar teeth, and during the attacks of the disease the pain seemed to spread from that as a starting point, over the side of the face and to the nose. The pains were of the most acute kind, lasting for several minutes, entirely overcoming the patient, so that she would completely lose control of herself during the paroxysms. The disease was evidently injuring her general health; she became emaciated, and her features, which were regular and extremely handsome, were becoming altered from the effects of it on the whole nervous system. The disease was apparently growing

worse when she was put under medical treatment. She was now ordered a simple emetic of ipecacuanha, to be continued every day for ten days, to be taken every morning after a breakfast of bread and butter only, without tea or coffee. The remainder of the day the meals were to be of the usual mixed diet, with the exception of tea and coffee, water or milk and water being the only drink allowed. A teaspoonful of a mixture of equal parts of tincture of opium and alcohol was taken in a third of a tumbler of water, thickly sweetened with sugar, as soon as vomiting had ceased in the morning, and the same again about two hours after tea time. On the third and seventh days of the ten days during which emetics were given, a large blister was placed over the spine, between the shoulders.

This treatment was strictly pursued during ten days, and then laid altogether aside. There was not any return of the pain after the treatment was commenced, or after the first emetic; and although some weeks have since passed, there is no evidence of a return of the disease. The bowels were somewhat costive during the treatment, although they had not been before; but no cathartic medicines were prescribed, this circumstance being intentionally and entirely unattended to. The emetics vomited, generally, three and four times each.

August, 1838.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 5, 1838.

MEDICAL STAFF OF THE UNITED STATES ARMY.

HAVING been repeatedly solicited for information in relation to the mode of joining the medical staff of the army, we addressed the Surgeon General, at Washington, with a view to being correctly informed. The answers which he kindly returned to the several questions propounded, are ultimately designed for a distinct publication, now in some state of forwardness; but believing that the immediate publicity of the essentials embraced in that distinguished officer's letter, would be of service to medical students, and those who have recently been admitted to degrees of medicine throughout the country, many of whom have repeatedly expressed a desire of being commissioned, we have concluded to anticipate its publication in that work—there seeming to be no reason why it should not be generally known to professional aspirants. The questions and answers are given below.

“1st. How are Surgeons and Assistant Surgeons appointed in the Army of the United States?”

“It is replied, that direct appointments are not made in the Medical Department of the Army. Candidates for the department appear before the Army Medical Board, where they submit to an examination as to their moral characters, their physical qualifications and their professional attainments. On a favorable report from the Board the candidates are called into service, in the order of merit assigned by the Board, as vacancies occur. They enter as Assistant Surgeons, and are, after five

years service in that grade, promoted, should there be vacancies, to the rank of Surgeons.

"It may be proper to say that the Army Medical Board was recognized by act of Congress in 1834 ; that the only avenue to the Medical Department is a favorable report on the merit of candidates examined by that Board ; and that the happiest results to the service have, by universal admissions, flowed from the action of the Board.

"2nd. To whom do candidates apply for commissions, and how and when are they granted ?

"Applicants for admission into the Medical Department of the Army address 'the Secretary of War,' for authority to appear before an Army Medical Board. In reply to that application they receive a printed circular, asking of them information touching place of nativity, age, residence, general and professional courses of education, &c. The number authorized to be examined depends somewhat on the number of vacancies ; and as it is desirable to have supernumerary passed candidates to supply contingencies, it meets the views of the service that there should always be a full list of applicants for examination, accessible to the Department, for every session of the Board, which sessions occur once or oftener in the year.

"The second branch of this inquiry is replied to in the answer to the first question.

"3d. What qualifications are required, and what compensation is made ?

"It is required of candidates that they be well grounded in general and special anatomy, in surgical anatomy and surgery, in the principles of practical medicine, and in obstetrics. On a thorough acquaintance with these branches depends the favorable opinion of the Board. No one succeeds without this knowledge ; no one fails with it. As the greater includes the less, so the invariable experience of the Board is, that when candidates are well informed on these essentials, they have never been found deficient on the important branches of medical education, such as therapeutics, medical chemistry, and jurisprudence and toxicology. Appropriate importance is given to experience in the practice of medicine and surgery, and it adds to the estimation in which the candidate is held that, *cæteris paribus*, he shall have enjoyed the advantage of general and full collegiate education.

"An existing regulation restricts the age of admission to that not exceeding twenty-eight years.

"As to the compensation. It is graduated to the length of service. The law of 1838 assimilated the pay of Officers of the Medical Department to that of first Lieutenant, Captain and Major of Cavalry. Surgeons and Assistant Surgeons of ten years standing in their respective grades are allowed double rations ; and for every five years service one additional ration per day is allowed. Without entering into a detail of emoluments, it may be said, that the pay of the medical officer confessedly is not greater than it should be, yet is highly respectable ; and the situation of the Army Surgeon has of late, by legal enactment, and by the operation of the Medical Board, become so elevated in the estimation of the army and of the community as to attract from the profession at large, for the department, an ample share of respectable and valuable talent.

"4th. Apothecaries of the Army—are there such officers ? if so, by whom and when appointed, and their compensation and qualifications ?

"There is no such class of officers in the service as Apothecaries. The pharmaceutic duties are discharged by 'Hospital Stewards' under the supervision of the medical officers. Medical officers, only, have power to engage hospital stewards ; and application should be made, for that purpose, directly to them or to the Surgeon General. It is desirable to have stewards especially enrolled for the purpose as provided for by the regulations. They have usually been selected from indigent students of medicine and druggists' clerks, of undoubted moral character, by whom the compensation has been deemed satisfactory. The situation is comfortable and respectable, while it is the object and interest of medical officers to improve in every way the condition of the steward.

"5th. Who regulates the services of the Medical Officers of the Army ?

"The duties of these officers are directed by the Secretary of War, upon the recommendation of the Surgeon General."

Origin and Progress of the Massachusetts Medical Society.—Such is the title of a discourse delivered by Dr. Alden at the last anniversary meeting of the Society, the 30th of May. To the junior members of the Association, many historical facts brought together in this paper are, doubtless, new. Reminiscences, even if they are not more than fifty-seven years old (the age of the Medical Society), are profitable to a certain degree, and always gratifying to one who is tinctured with the spirit of antiquarian research. But still we think our friend Dr. Alden was unlucky in the choice of his topic. He is a physician, a distinguished one, and a dissertation from him on the therapeutic management of some disease would have given him ample ground for displaying that critical knowledge which we know he possesses. There would have been character in anything he chose to write upon, in which he could have exhibited the skill, the penetration, and the careful, yet decisive mode of combating disease, which marks the progress of the school of New England practitioners to which this gentleman belongs. It was a waste, therefore, and a loss to the Society, to a certain extent, that he was employed upon its origin and progress, when something practical was so generally expected.

However, we cheerfully confess ourselves in possession of an excellently well-digested history of the operations of our Society, as old and as respectable as any in the country ; and we are, indeed, proud to number in its ranks the names of men who were the benefactors of their race, whose memories will outlive the fraternity which was honored by their support. Though all this might have been obtained before, yet it was scattered through a labyrinth of publications, which it was no pleasant labor to investigate. Dr. Alden, in reality, has become the historiographer of the Society, thus far, and he must hereafter be consulted as good and sufficient authority.

Without a single unkind feeling—on the contrary, having the most perfect respect for the author—these remarks are intended to express something more than an individual opinion, viz., that the members, generally, are always better satisfied with a strictly medical anniversary discourse, than with anything discursive or only generally relating to the great objects contemplated by the Society.

Having spoken thus freely, we confess that it has reference, in some measure, to the future. On whomsoever the election falls for a disser-

tation, in succeeding seasons, let him treasure it in his mind that these annual discourses are sent abroad—and wherever they go, they are considered *specimen-pieces* of our science and our progress in medicine, because the authors are picked men. A sense of pride, but, above all, a hearty disposition to do as well as we are truly capable of doing in this respect, should have a controlling influence with the writer.

As opportunity presents, parts of Dr. Alden's pamphlet—such, particularly, as would seem to be most interesting to our readers out of this Commonwealth—may have insertion.

Pennsylvania College.—Lectures are now delivered in this institution on anatomy. This seems like the beginning of a regular system of medical instruction, which is probably contemplated within a few years. The college is located at Gettysburg, within sight of the South Mountain, a branch of the Blue Ridge, 114 miles from Philadelphia, 180 from Pittsburg, and 35 from Harrisburg, the capital of the State. Being principally a German college, or rather an institution in which German youth are educated, the organization of a strictly medical department would, doubtless, be hailed with satisfaction.

Neuralgia.—Readers are respectfully referred to a communication, on another page, upon the successful treatment of a very severe case of neuralgia, inserted on the authority of Dr. Wheelock, of Belfast, Me., which deserves the particular attention of practitioners. It shows that *perseverance* in a course of medicine is of the utmost importance. Although the relation is drawn up with perfect simplicity, and by no means elaborate, it is deeply interesting. Emetics are not prized as they should be in our practice.

Tomato.—A correspondent expresses a wish to have us give an opinion upon the medicinal virtues of this plant, and says, "there seems to be a prevalent opinion that the tomato is the *matchless sanative*." He adds, that "a friend afflicted by the piles, assured me, after three years' experience, that when using the tomato, the disorder was always increased." We have no superior knowledge on the subject, and are obliged to assure him that we never saw a tomato pill; nor have we ever reflected a moment on the nature or qualities of the matchless sanative, which is presumed to be as much of a catch-penny for gulling the stupidly ignorant, as Brandreth's pills, or Mrs. Gardner's liverwort syrup. As a nation we deserve the ridicule cast upon us for being continually taking quack medicines, from the cradle to the grave.

If any of our professional readers are personally familiar with the medicinal virtues of the tomato, we should be pleased to receive from them something on the subject.

Dr. John C. Warren.—It is with great pleasure that we announce the return of Dr. Warren, from his visit to Europe. While abroad, Dr. W. received marked and flattering attention, not only from men eminent in the profession, but also from persons distinguished in scientific and literary pursuits, and we need hardly say, that his return to this country will be warmly welcomed by all who respect—and who does not—high

moral excellence, united with professional attainments not excelled, if equalled, by any.

Massachusetts General Hospital.—During the absence of Dr. Warren, the Surgical Department at the Massachusetts General Hospital has been under the care of Dr. George Hayward. In this time there have been admitted into the hospital many cases of severe accidents, and the surgical operations have been neither few in number nor unimportant in their character. A very large proportion of the cases terminated successfully; and while we take this occasion to present our acknowledgments to Dr. Hayward for his interesting paper on the operation of trephining after injuries of the head, we rejoice to learn that it is his intention to favor the profession with an account of other important operations.

Bilious Fever.—Accounts from Charleston, S. C., state that what is commonly called the stranger's fever, known to physicians, generally, by the popular term bilious fever, is alarmingly prevalent. Vessels from that port are subjected to a quarantine detention at New York, which will continue while the disease exists.

State Medical Societies.—Our gatherings, of late, are still incomplete without more knowledge of the several State Medical Societies, south and south-west. Catalogues of the Medical Societies of New Jersey, Delaware, Pennsylvania, Maryland, Ohio, Missouri, Illinois, North and South Carolina, Kentucky, Alabama, Georgia and Maine, are very much wanted. The name of the President, Secretary and Treasurer, and the day of the annual meeting, constitute the essentials, and would answer all the purposes of the usual printed document.

Transylvania University.—Notwithstanding the colonization of a part of the medical department, to Louisville, the prospectus for 1838 shows that the faculty are in good spirits, and the school as capable of being efficient as it ever was. Dr. Dudley, in the chair of Surgery, is a very distinguished operator. As a lithotomist, he is without a rival in the States. The list of graduates since 1822, is a formidable pamphlet—for a copy of which, the gentleman who sent it will please accept our thanks.

Hooping Cough.—At a period when hooping cough prevails very generally, the following remarks, by M. Lombard, of Geneva, may be read with interest :

M. Lombard conceives that he has discovered a never-failing sign of the decline of the disease, which is marked by a much greater frequency of accesses during the day than during the night, while, on the contrary, before the malady has reached its height, the fits of coughing are more frequent during the night.

The experience of M. Lombard, also, confirms a proposition which has been already established by previous researches, viz., that the danger of the disease is in the inverse ratio of the age of the patient. Of forty children who died during an epidemic attack of hooping cough,

under M. Lombard's care, two thirds were under two years of age; the others ranged between the ages of two and four years. After six years he did not lose a single child.

Finally, M. Lombard speaks highly in recommendation of the sub-carbonate of iron as a means of diminishing the violence and number of the fits of coughing. From 24 to 36 grains a day were administered to the little patient, with the best effects.—*French Lancet*.

ERRATA.—In No. 3, first page, for *coneune*, read *couenne*.—In same No. p. 44, for *genus rivole*, read *Geum rivale*.

Whole number of deaths in Boston for the week ending September 1, 40. Males, 25—females, 15. Consumption, 6—cholera infantum, 5—infantile, 3—dropsy in the head, 3—gout, 1—inflammation of the lungs, 1—old age, 1—fits, 1—hooping cough, 2—dysentery, 2—croup, 1—teething, 3—scarlet fever, 1—diarrhœa, 4—delirium tremens, 1—apoplexy, 1—stillborn, 4.

HARVARD UNIVERSITY—MEDICAL LECTURES.

The Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by	- - - -	Dr. J. C. WARREN.
Midwifery and Medical Jurisprudence, by	- - - -	Dr. CHANNING.
Materia Medica and Clinical Medicine, by	- - - -	Dr. BIGELOW.
Principles of Surgery and Clinical Surgery, by	- - - -	Dr. G. HAYWARD.
Chemistry, by	- - - -	Dr. WEBSTER.
Theory and Practice of Physic, by	- - - -	Dr. WARE.
Circulars of the Medical and Surgical Practice of the Hospital may be had of the Dean.		
WALTER CHANNING,		
Dean of the Faculty of Medicine.		

Boston, July 23, 1838.

Aug 1—tN

MEDICAL INSTITUTION OF YALE COLLEGE.

The course of Medical Instruction in Yale College begins on Thursday, November 1st, 1838, and it continues seventeen weeks. The several branches are taught as follows, viz.

Theory and Practice of Medicine, by	- - - -	ELI IVES, M.D.
Chemistry and Pharmacy, by	- - - -	BENJAMIN SILLIMAN, M.D. and LL.D.
Materia Medica and Therapeutics, by	- - - -	WILLIAM TULLY, M.D.
Principles and Practice of Surgery, by	- - - -	JONATHAN KNIGHT, M.D.
Obstetrics, by	- - - -	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	- - - -	CHARLES HOOKER, M.D.

The matriculation fee and contingent bill are \$7.50; the fees for Chemistry, Anatomy, Surgery, Materia Medica, and Theory and Practice, are \$12.50 each, and for Obstetrics \$6.00—amounting to \$76.00—the whole to be paid in advance. The graduation fee is \$15.00.

Yale College, Aug. 16, 1838.

A29—6w

CHAS. HOOKER, Secretary.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

July 25—eoptN—emtJy

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry, by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica, - - - -	DR. WARE.
On the Principles and Practice of Surgery, - - - -	DR. OTIS.
On Anatomy, - - - -	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

COLLEGE OF PHYSICIANS AND SURGEONS OF THE WESTERN DISTRICT, N. Y.

THE annual course of Lectures will commence on the first Tuesday of October and continue sixteen weeks.

On Midwifery,	- - - - -	WESTEL WILLOUGHBY, M.D.
On Chemistry and Pharmacy,	- - - - -	JAMES HADLEY, M.D.
On Anatomy and Physiology,	- - - - -	JAMES McNAUGHTON, M.D.
On Theory and Practice of Physic,	- - - - -	JOHN DELAMATER, M.D.
On Materia Medica and Medical Jurisprudence,	- - - - -	T. R. BECK, M.D.
On Principles and Practice of Surgery,	- - - - -	JAMES McNAUGHTON, M.D.

In consequence of the removal of Dr. Mussey to Cincinnati, the course on surgery will be delivered by Dr. McNaughton from the present session, and until the vacancy is filled by the Regents of the University.

Price of all the tickets, \$56.

The College possesses a valuable medical library, an anatomical museum, and an extensive collection of minerals. A large number of students can be accommodated with rooms in the college buildings, and good private rooms are to be had in the village, at a moderate expense.

It is believed that no medical institution in the country affords greater advantages at so moderate an expense. The situation of the institution is healthy, and students are not exposed to the many allurements to idleness and dissipation which interfere with study in larger towns. The whole expense of a full course, including board, needs not exceed \$100. By order,

JAMES HADLEY, Register.

N. B.—Ample opportunities for dissection are offered at a moderate cost, under the direction of the professor of anatomy.

Aug. 22—epit

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by	- - - - -	DR. BIGELOW.
On Anatomy and Surgery, by	- - - - -	DR. REYNOLDS.
On Midwifery and Chemistry, by	- - - - -	DR. SIORER.
On Physiology and Pathology, by	- - - - -	DR. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, August 17, 1838.

Aug 22—ep3m

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Prize Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz. :—

JOHN C. WARREN, M.D.	GEORGE HAYWARD, M.D.
RUFUS WYMAN, M.D.	JOHN RANDALL, M.D.
GEORGE C. SHATTUCK, M.D.	ENOCH HALE, M.D.
JACOB BIGELOW, M.D.	JOHN WARE, M.D.
WALTER CHANNING, M.D.	

At the Annual Meeting of the Committee, on Wednesday, August 1. 1838, a premium of fifty dollars, or a gold medal of that value, was awarded to Edward Warren, M.D., of Boston, for a Dissertation on the question, "What are the causes, seat and proper treatment of Erysipelatous Inflammation?"

The following Prize Questions for the year 1839, are before the public, viz. :—

1st. "The pathology and treatment of rheumatism."

2d. "What is scrofula? and what is its best mode of treatment?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1839.

The following questions are now offered for the year 1840, viz.—

1st. "The pathology and treatment of typhus, and typhoid fever."

2d. "The pathology and treatment of medullary sarcoma."

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday of April, 1840.

The author of the best dissertation on either of the above subjects will be entitled to fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz.—

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

ENOCH HALE, Secretary.

Publishers of Newspapers and Medical Journals throughout the United States are respectfully requested to give the above an insertion.

Boston, August 4, 1838.

Aug 8—41

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, post-paid.

BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XIX.]

WEDNESDAY, SEPTEMBER 12, 1838.

[NO. 6.]

LECTURE ON THE TREATMENT OF DYSENTERY.

BY W. W. GERHARD, M.D., PHYSICIAN TO THE PHILADELPHIA HOSPITAL.

IN my last lecture I spoke to you of dysentery. I might have sketched different modes of treatment, as influencing the mortality in this disease, but I preferred waiting till you should have seen a number of cases. There are various general modes of treating it. All dysenteries vary in violence, and there is no simple set of symptoms, but the greatest variety; these correspond to the severity of the disorder, the rectum alone being affected, in many cases, while, in others, the whole mucous membrane of the alimentary canal is involved. This last is the ordinary form of the disease when it prevails as an epidemic, which is local, usually confined to particular districts. There was lately an epidemic at Germantown, which was very severe, though the city of Philadelphia has been healthy. Princeton, and its vicinity, were subject to epidemic attacks of dysentery of a very aggravated character, which yielded but little to medicine. The epidemic of last summer, which some of you witnessed, was the most severe that has occurred in Philadelphia for many years.

In France, very simple modes of treatment only are required; Broussais's plan of using opiates—paralysing the bowels, putting them into splints, as it were, scarcely ever fails. In Paris, I never saw a fatal case of dysentery; and a gentleman there, who had charge of a large hospital, told me that, in many years, he had lost but three or four cases of it. In cases where there are but few nervous symptoms, and no ataxic condition of the system (meaning by ataxic, severe prostration of strength), we can readily cure by mere opiates, say twenty drops of laudanum, frequently repeated. They soothe the irritation; the narcotic checks the action of the bowels, and nature effects a cure. In severe cases we must address our remedies to the skin, and make use of local depletion. Bleeding from the arm is rarely necessary; cataplasms should be applied over the bowels, and we may use leeches to the anus and abdomen. Depletion from the anus is very serviceable, as it acts almost immediately upon the inflamed surface.

There was a case shown to some of you, this morning, of a child, which had been attacked with measles, followed by dysentery; the disease was confined principally to the rectum and lower portion of the colon; the upper part of the colon was pale, and some false membrane spread over the rectum, and there was, also, some softening of the mu-

cous membrane. Slight cases involve the rectum alone, the transverse or descending colon being never affected, and they are at once cured by leeches to the anus. In inflammatory cases, this sometimes acts like magic.

In some years dysentery is more rapid in its course, and will not yield easily to remedies. I will now speak of the dysentery of warm climates. Warm weather, or, rather, warm days, followed by cold nights, such as are common in tropical climates, produce the disease. The late change in the temperature has already produced several cases of dysentery; the thermometer having fallen twenty degrees in the last two days. Chronic dysentery, for I have not seen the acute form in tropical climates, usually occurs from exposure to the night air, after very warm days. Sailors who have their watch on deck during the night, are very subject to it.

Various kinds of treatment are serviceable in different stages of dysentery; as to which is the best, I am undecided. It is impossible to lay down any one plan for managing the disease, as we must modify our practice according to the particular character of the affection at the time. Last year it was very malignant, there was great disposition to gangrene, and fœtid sloughs were mingled with the stools. Post-mortem examinations showed ulcerations and gangrene of the intestines. During life there was great prostration and much subsultus. Depletion would not here have answered; in strong men it might have been beneficial, but I am by no means sure of it. In typhoid cases, as they are called (using the word typhoid in a very vague sense), we must attend particularly to the skin, and give mild stimuli; a prescription of Dr. Twining's I have found beneficial, consisting of:—*Pulv. ipecac.*, gr. vi.; *ext. gentian.*, gr. iv.; *pilul. hydrarg.*, gr. v. Three times a day.

This was used towards the close of the disease, and did much good; but little opium was given with it, and the discharges from the bowels became more feculent and less frequent. Our treatment did more good towards the close of the disease, in accordance with the rule that all epidemics become milder after a time. It is the case with fever and ague, yellow fever, cholera, &c. I could not decide as to the efficacy of this treatment in very severe cases. We used, besides this prescription, a combination of ipecacuanha, calomel, and opium, such as is employed in bronchitis, accompanied with great prostration. The calomel was increased from one sixth to one fourth and one half of a grain every two hours, when salivation was desired, and a grain of ipecacuanha, and from one to two grains of opium, according to the severity of the symptoms, were combined with it; in mild cases this treatment proved very serviceable. In the first prescription the ipecacuanha did the most good by its effect upon the skin; occasionally, but not frequently, vomiting was produced. Where the last prescription was used, it was evidently the mercury that acted, and the speedy relief of the symptoms, when the gums were touched, was very decided. In cases accompanied with much sloughing, the mercury did not appear to be of great service.

There has been introduced in these cases, within a few years, a combination of sugar of lead and opium. The claim to the origination of

this remedy is a disputed point ; a very respectable physician, in extensive practice in this city (Dr. Harlan), first advocated it here. Dupuytren suggested its use in cholera, six months before the disease appeared in Paris, and treated a number of patients with it in a ward of one of the hospitals, and, after losing rather more than any one else, he gave it up.

Two years ago this remedy, in my hands, answered better than last year in checking the hæmorrhage from the intestines, for the disease was not, at that time, attended with so much prostration as last year. The most severe case under my notice occurred in one of the house-physicians ; this gentleman took two grains of acetate of lead with a grain of opium every hour for several days, being, as you see, a very large quantity of each article, but it did little good ; the opium was then increased to two grains every hour, for four hours, when he became drowsy and the discharges were less frequent, were not attended with so much pain, and diminished in quantity ; he finally slept for some time. Very large doses of the sugar of lead may be given in severe cases without producing any griping pain in the bowels, although it is otherwise in milder ones ; and this does not appear to be owing to any carbonate of lead that may be mingled with the salt, for in all our good apothecary shops it is kept in the form of crystals, and powdered when wanted for use. Ipecacuanha or mercury is occasionally added to it.

Great benefit is derived from injections, in mild cases ; but, when there is much irritation of the lower part of the bowels, they cannot be borne ; even laudanum, added to a very minute portion of mucilage and thrown up, will excite immediate spasm and be rejected ; the mechanical irritation of the pipe of the syringe will also forbid its use, so that in such cases the opium must be taken by the mouth, though it is not so beneficial as when it can be given by injection. Towards the close of the disease, injections of laudanum will be very serviceable. We may also apply narcotics to the skin, either to the anus or over the abdomen ; in children, a few drops of laudanum in a poultice, applied to the anus, will act very readily. With adults not so much effect is produced, for the skin of children absorbs with much greater facility, than with grown persons. In adults a teaspoonful may be used, with but little effect, but in an infant it is unsafe to begin with more than three drops poured on the poultice. We can increase the quantity, gradually, watching the effects of it.

There are also hygienic remedies deserving attention, food and medicine to support the strength. Brandy punch and toddy, port wine, or even claret, are indispensable when the disease is accompanied with much prostration. Brandy toddy, warm, may be given frequently, and in small doses, and is probably the best remedy in severe cases. Milk punch is applicable to mild forms of the disease, but, when there is much inflammation of the intestines, the digestion of the milk will prove injurious, as it coagulates in the stomach, and by passing into the bowels will increase the evil already existing. In chronic cases port wine is serviceable, but it is too stimulating in the active stages of the disorder. In using these remedies you must be guided, in a great measure, by the feeling of the patient ; and if he complain, after their use, of a burning

heat and pain in the stomach, they must be discontinued, and mucilages resorted to ; cold water alone, or with some mucilage in it, is very good. With regard to the choice of a mucilage, you may be guided by the taste of the patient. The bene plant, slippery elm, rice or gum arabic are all used, although differing somewhat in their effects, some being astringent, and others slightly laxative ; the taste of the patient is always the best criterion ; towards the decline of the disease, broth must be given and biscuit soaked in wine and brandy ; the diet must be principally farinaceous, as articles of this sort are more easily absorbed in the active stages of the disease. In chronic cases this insipid food frequently disgusts, and it will be necessary to change it.

Last summer a number of experiments were performed, of which I hope to give an account in the course of this summer, with a view of testing the nature of the secretions, and they were all found to be alkaline ; the saliva, the urine, the perspiration and the evacuations from the bowels. I then gave, with a view to correct this state of things, sulphuric acid, of course very much diluted, and I have also used it this year ; the saliva, urine and perspiration became acid, but the discharges from the bowels continued of the same character and as frequent as before ; there was less pain, but this was probably owing to the opium. I then abandoned the acid and used opium alone.

During the last summer the mineral acids were very useful in New England, where there is a domestic prescription highly spoken of, in epidemic dysentery, consisting of vinegar and salt, which, no doubt, owes its efficacy to the acid ; whether acids would effect a cure I have not determined, but I know that they alter the secretions very materially. Here, for some time, a mixture of Hope's has been found very beneficial, consisting of camphor and nitric acid, not enough to irritate, combined with laudanum, in sufficient amount to check the frequency of the discharges. In the quantity of opium to be administered, we must be guided by the effect it produces. When the tongue becomes dry, attended with stupor and prostration, it must be reduced, not when the prostration is the effect of the disease ; but when the face becomes livid and turgid, opium is prejudicial, except in small doses. As palliatives, several means are to be used ; opium is always serviceable to tranquilize the system and allay pain, when alone or in combination. A mixture of camphor and opium is frequently used by persons afflicted with this disease, without consulting a physician ; at night more especially is this required, in order to procure sleep ; during the day, it is frequently better not to use it.

Of the purgative mode of treatment, I am not disposed to think favorably, in severe cases ; in slight cases it is unquestionably very beneficial, but my own experience is against it as a general mode of treatment. Castor oil with laudanum is one of the best towards the close of the affection ; it removes the scybala from the colon, and, as is generally the case, slight inflammation, especially of the mucous membrane, is best removed by a slight stimulus. Mercurials I prefer in the treatment of dysentery, to what is called the saline treatment, always varying the remedies, according to the particular variety of the disease at the time.

I know that the saline treatment has had some strong advocates, but I am not at all satisfied with it, not because I have not tried it, for I have tried everything, but the results have not been such as to induce me to give it any preference. Finding dysentery to be so complicated a disease, and so protean in its aspect, and that it may be treated in so many different ways, you might be led to suppose that one mode of treatment was as good as another, and that the patient would do as well, if let alone. Such, however, is not the case; any plan of treatment, unless manifestly absurd, is better than none, and a very good guide to us will be the instincts of the patient; if he desires hot drinks, we may gratify him, or should he give a preference to iced water, it will not be found injurious. Opium may be given, either to excite narcotism, in a slight degree, or merely as a palliative.

The chronic form of dysentery is very common among persons who have had this disease, with great severity, in the tropics; it is accompanied with ulcerations in the colon, and the intermediate mucous membrane is of a dark slate color. Chronic diarrhœa we may often suspect to proceed from the presence of tubercles. In France all chronic diarrhœa is regarded as arising from tubercles; but, in this country, though very frequently, it is not invariably the case. The mucous membrane is pale and softened, and the character of the fluids is changed. This alteration in the mucous membrane is a secondary and not a primary lesion. In such cases as these, mercury may be pushed to gentle salivation, and much benefit will be derived from sulphur baths. A sea voyage is also very serviceable. Patients here, laboring under this disorder, are frequently sent to the Virginia springs, but the sulphur bath, made artificially, I am disposed to think more beneficial from our making it stronger. Cold or salt baths, according to the feelings of the patient, may also be used with advantage. In chronic forms of the disease, we should abstain, in a great degree, from internal remedies; the insipid articles of diet should be used, unless the disease remains stationary, in which case we may change it completely, substituting mutton chops, chicken, and wine, such as claret. A friend of mine, in Paris, who had labored under the disease for a long time, and persevered in a farinaceous diet, and the use of opium, was cured by abandoning it and eating beef steaks and drinking the old French wines. Port is a good wine, but here we can seldom procure it pure; the French wines are slightly acid and astringent, and answer a very good purpose. I have not spoken to you of diarrhœa, as a separate disorder, as it will come in in an after-part of the course, and is a subject involving extensive connections. It may occur either as a primary or as a secondary disease, in which case it is often attended with organic changes.—*Med. Examiner.*

DR. SIGMOND ON MERCURY.

[Continued from page 413, Vol. 18.]

MERCURY unites with oxygen in two proportions, and the preparations which are the result have admission into the Pharmacopœia, under the

names of hydrargyri oxidum and hydrargyri binoxidum. The first of these is obtained from an ounce of the chloride of mercury and a gallon of lime water: mix, and frequently shake them; set by, and when the oxide has subsided, pour off the liquor; lastly, wash it in distilled water until nothing alkaline can be perceived, and dry it in the air wrapped in bibulous paper. Here the chlorine of the chloride enters into combination with the calcium of the lime, and chloride of calcium is obtained, which remains in solution, and is abstracted in the pouring off of the liquor. The oxygen of the lime entering into union with the mercury forms the precipitated oxide of mercury. Digested for a short time with diluted hydrochloric acid and strained, neither solution of potash nor oxalate of ammonia throws down any precipitate. It is totally insoluble in acetic acid; by heat it is entirely dissipated. It ought to be nearly black; it is nearly insoluble in water, but soluble in the acids, forming a peculiar class of salts.

Mercury in this slightly oxidized state was known to Aristotle, who states that on mixing this metal for a long time with the saliva a useful remedy is obtained in the cure of some of the diseases of the skin; but in modern times, it was Boerhaave who drew attention to it. He observed, that whether we rub the mercury with the hand, agitate it in the air, or shake it in a bottle, triturate it with any thick viscid liquid, it is converted into a black oxide, which is again restored to the state of fluid quicksilver by the action of fire, and even of light. This powder, from its color, he called "*Æthiops per se*."

The complete oxidation of mercury is the result of a process described by the older alchemists; it was well known to Boyle, and he invented a particular apparatus which was long known under the name of "*Boyle's Hell*," in which it was said he tormented the metal. This oxide of mercury contains nearly a tenth part of its weight of oxygen; and it was from this that Dr. Priestley first obtained oxygen in its pure state in the year 1744, and upon the investigation of its properties was laid the foundation of the doctrine of the gases now so universally acknowledged to be the great source of the discoveries of modern chemistry. It is the hydrargyri oxydum rubrum of the last Pharmacopœia; and the formula, as at present laid down, is—take of bichloride of mercury four ounces, solution of potash twenty-eight fluid ounces, distilled water six pints, dissolve the bichloride in the water, strain and add the solution of potash; wash the powder thrown down in distilled water, until nothing alkaline can be perceived, and dry it with a gentle heat. On the mixture of the bichloride with the solution of potash, decomposition occurs; the two parts of chlorine which exist in the bichloride take two of potassium; hence two parts of chloride of potassium remain in solution, whilst the two parts of oxygen combine with one part of mercury, and this is precipitated, forming an orange-red powder. If this be heated in open vessels it sublimates, and the result is a transparent vitriform substance of a singularly beautiful ruby-red color; if heat be applied, it yields oxygen, and the mercury either runs into globules, or is entirely dissipated; it is completely soluble in hydrochloric acid; it is very acid to the taste; has no odor. Boerhaave tried many experi-

ments with the red oxide of mercury ; and the greater part of our knowledge, as to its chemical characteristics, is owing to his labors. Neither of these salts have acquired much reputation in the cure of disease ; the oxide is given in the form of pill, in the dose of a grain ; the binoxide is very active, it excites vomiting and purging ; but it ought rather to be considered as a poison than a medicine, for its effects as the latter are very uncertain, whilst its deleterious powers are most decided. Neither of these salts has ever been the subject of any very peculiar inquiry by medical men, with the exception of the learned Boerhaave.

There is another preparation in the Pharmacopœia very rarely employed internally, in which the mercury is in the state of binoxide, containing also a little nitrate ; it is called "*hydrargyri nitroco-oxydum*," and was formerly known by the name of red nitrate and red corrosive mercury ; it is thus formed—take of mercury three pounds, nitric acid a pound and a half, distilled water two pints ; mix them together in a proper vessel, and apply a gentle heat until the mercury is dissolved ; boil down the liquor, and rub what remains to powder ; put this into another very shallow vessel, then apply a slow fire, and gradually increase it until red vapor arise. This preparation is of a bright red color ; it resembles, in most points, the binoxide. On the application of heat no vapor is evolved ; neither lime water nor hydrosulphuric acid throws down anything from the water in which it has been boiled. The ammonio-chloride of mercury was formerly called the white precipitate, and occasionally used as a remedy externally in cutaneous disease. It is formed of six ounces of bichloride of mercury, distilled water six pints, solution of ammonia eight fluid ounces ; dissolve the bichloride of mercury with the application of heat in the water. To this, when it is cold, add the solution of ammonia, frequently stirring ; wash the powder thrown down until it is free from taste ; lastly, dry it. This preparation is completely evaporated by heat. When digested with acetic acid, iodide of potassium throws down nothing, either yellow or blue. It is totally dissolved by hydrochloric acid, without effervescence. When heated with solution it becomes yellow, and emits ammonia. There are different theories as to the composition of this salt.

Mercury very readily enters into union with sulphur, both by simple trituration and by the action of heat. The first operation performed was the rubbing together of the liquid metal, and two parts of sulphur, which was called, from the black color that was assumed, the *Æthiops mineral*. A salt, called the *hydrargyri sulphuretum cum sulphure*, and formerly *hydrargyri sulphuretum nigrum*, has now a place among our medicines, and is directed to be made of equal parts of sulphur and of quicksilver, which are to be rubbed together until globules no longer appear. It is not only a simple mixture that is the result of this trituration, but the sulphur actually combines and adheres to the mercury, and separation cannot take place but by chemical means. Still, however, a strong magnifying glass enables us to see oblong globules of mercury ; this is a very black insipid powder, which diffuses a fœtid smell ; it whitens gold when rubbed upon it, and totally evaporates by heat. At one time it

was commended as a powerful cutaneous medicine, and in the dose of half a scruple was administered ; it has, however, fallen into disuse.

The black sulphuret, by fire, or the *Æthiops mineral*, by fusion, was variously prepared by the alchemists, but most of their processes were susceptible of detonation, and, therefore, accidents very often occurred in the laboratory. Bayen, indeed, has shown that the oxides of mercury fulminate by a small quantity of sulphur when heated together strongly.

The bisulphuret of mercury is the artificial cinnabar of chemical authors ; the red sulphuret of mercury of the former *Pharmacopœia*. Great difference of opinion has existed as to the relative proportion of the principles, and as this salt is in great request in the arts, on account rather of its beautiful color than of its medicinal virtues, great attention has been paid to its manufacture. In "*Crell's Journal*," and in the "*French Annals of Chemistry*," is much curious matter upon its proper fabrication. It is directed to be made of two pounds of mercury, five ounces of sulphur ; mix the mercury with the sulphur, melted over the fire, and as soon as the mass swells remove the vessel from the fire, and cover it strongly, lest inflammation should occur ; then rub to powder, and sublime. In the first part of the process combination takes place between the mercury and a portion of the sulphur ; by continuing the heat, the excess of the sulphur is diminished, and, upon sublimation, this salt is obtained in mass of a dark, or dull brick color ; but when it is powdered, a beautiful vermilion is produced, which is unalterable by the air ; but several of the metals possess the power of separating the mercury. It is used in mercurial fumigations, heat being applied.

A preparation of very great utility is formed by the union of mercury with chalk ; by triturating together three ounces of the metal, and five ounces of prepared chalk, until globules are no longer visible, a mild mercurial preparation is obtained, which was formerly known by the name of the alkaliized mercury. There are three other formulæ in the last edition of the *Pharmacopœia* ; the bichloride of mercury to which I have before alluded, composed of two equivalents of cyanogen and one of mercury ; the iodide, composed of one equivalent of iodine and one of the metal, and the biniodide, formed of two equivalents of the iodine and one of mercury ; but as these are scarcely known to us as mercurial preparations, I shall defer speaking of them until the properties of iodine become the subject of my consideration.

Besides these preparations there is a vast number of others which have been at various times highly extolled by medical men. We find the milk of mercury, the mercury of life, the mercurial tincture, and a long catalogue of recipes are collected by Swediauer, and other writers who have availed themselves of the knowledge of the older alchemists. The "*Pharmacopœia Syphilitica* of Swediauer" contains a methodical table of these remedies.

The chemists, and amongst them Fourcroy, considered mercury only as medicinal from its being an oxyphorous substance ; that is, a substance which possesses the power of imparting to the animal economy oxygen ; and they believed that the good effect that was derived in the

cure of disease solely depended upon the superior power of the different preparations, according to the quantity of the aerial fluid each contained, and they divided them into four classes. In the first those were enumerated which were in the least state of oxidation, such as the oxide of mercury, which was prepared by various processes, by the addition of mucilage, by syrup, or by the saliva; in the second class were those salts which have but sparing solubility, such as the chloride or calomel, and are but little oxidated; in the third were the oxides of mercury which were in union with sulphur, and whose action is but very slight, and only when they are in the form of vapor; the fourth class was composed of those mercurial remedies which are more highly charged with oxygen, either alone or in combination with other acids; amongst these the nitric oxide and the bichloride were ranked, and to this class the general name of oxygenated caustics was applied. But this theory did not long maintain its ground, and various have been the speculations which have been entertained as to the peculiar mode of operation of the different salts, which, although they all have certain properties which belong to them as a family, differ most materially each from the other in the intensity, the duration, and the celerity of their action.

There are marked characters which peculiarly distinguish them from the salts of all other metals, and the most striking are the effects upon the salivary glands, their power over the syphilitic disease, and likewise their so influencing the human economy as to produce affections which bear a very striking resemblance to the symptoms which the metal has the power of curing. No substance with which we are acquainted has such a diversified operation upon the animal economy; its effects are so various, it influences so many organs, the phenomena it excites are so remarkable, that we cannot feel surprised that so much has been written upon it, and that there exists so many opinions, though not decidedly at variance with each other, which often clash and render a thorough elucidation of all the circumstances connected with it a matter of very great difficulty.

Amongst the subjects of the deepest importance to society are questions that have been agitated by some of the most learned men, who have combined with acute powers of reasoning, great practical information, that have not entirely been decided, and to which I can only cursorily advert. One of these inquiries has been directed to ascertain whether the venereal disease can be cured without the employment of mercury; and another also remains for discussion, which of the preparations of mercury is the most useful.

To the first of these points the answer I would make is, that the cure may be effected, but it demands a thorough knowledge of the stage and state of the disease, the time at which it was first contracted, and the constitution in which it appears; and with regard to the second, nearly the same answer may be returned, but the particular remedy depends more upon the stage of the disease. You will find in a large class of your patients great dissatisfaction exist if you have not employed to some extent mercury, and should they during two, three, four years, or even for a longer period, have a pimple upon the face, or an ache in

the leg, you will hear them declare that they believe that it is owing to their not having been perfectly cured when they labored under this affliction; and practitioners are often obliged, in compliance with the earnest anxiety of their patient, to have recourse to mercury when they do not feel perfectly satisfied either as to the necessity or the utility of this remedy. Hennen, who, in his "Principles of Military Surgery," has a short treatise upon syphilis, which is one of the most valuable little essays upon the subject which is to be found in our language, quotes an old author whom I have never chanced to meet with, Nicholas de Blegny, who quaintly says, "When pocky people have been told that they cannot be recovered but by salivation, and that they are only quacks and empirics who promise to cure it by other means, they become deaf to all further instructions and advice, and firmly believe that all other methods are dangerous and erroneous."

[To be continued.]

EXOPHTHALMOS, OR PROTRUSION OF THE EYEBALL FROM INJURY.

WHEN the eyeball is pushed from its socket by external violence, as the optic nerve must in this case be suddenly stretched, we might *à priori* conclude, that the power of vision would be destroyed forever. This will often be the case, but not always: for instances have occurred of the eye being pushed suddenly and entirely out of the socket, and on being replaced, of vision being as perfect as before. The particulars of an instance are on record, in which the eyeball was almost entirely turned out of the socket by a sharp-pointed piece of iron pushed in beneath it. The iron passed through a portion of the socket, and remained very firmly fixed for the space of a quarter of an hour; during which period the patient suffered exquisite pain. He was quite blind in the affected eye; and the eyeball being pushed so far out as to give reason to suspect that the optic nerve was ruptured, it was doubted whether or not it would answer any purpose to replace it. It was, however, attempted; and it was found, on removing the wedge of iron—which being driven to the head was done with difficulty—that the power of vision instantly returned, even before the eye was replaced. The eye was now put easily into the socket; and the effects of inflammation being guarded against, the patient enjoyed very perfect vision. Where the eyeball remains entire and is not altogether separated from the contiguous parts, we ought not to despair, however severe, in other respects, the injury may have been. All extraneous bodies having been removed, the eye should be cautiously replaced; and with a view to prevent or moderate the inflammation, which otherwise might probably run high, blood-letting, both general and local, should be advised, together with a strict antiphlogistic regimen. At the same time light should be excluded from the eye, and it ought to be kept covered with a compress constantly wet with cold water or some evaporating lotion.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 12, 1838.

THE SURGEON'S PRACTICAL GUIDE IN DRESSING.*

It is to be presumed that we shall differ essentially from most of our cotemporaries on the merits and value of this treatise. That it is necessary to be systematic in operative surgery, will not be questioned; but that it is expedient to pursue a particular and undeviating mode of applying bandages, cannot, we think, be admitted. A surgeon may study all the authorities in christendom, and yet, after all, will find himself obliged, in a majority of cases, to depend upon his own resources; he must exercise his mechanical ingenuity in all that concerns the simple process of bandaging a fractured limb or a recent wound. In fact, we have never known any two operators who pursued the same plan. This cannot have been in consequence of not having been well instructed in the mystery of applying rollers, for every surgical professor plays off two or three useless discourses on bandages, by way of wearing away the time in the lecture room, but few or none ever think they are worth hearing, and certainly not worth remembering.

Plainly, then, Mr. Cutler's book on the methodic application of bandages is made up of miserably-executed xylographic pictures, altogether inferior to the burden of wood cuts in a fourpenny almanack—with the accompanying text, which cannot be considered of much consequence one way or the other. Some of the most expert surgeons in this country have practised successfully through a long professional career, without ever having heard of a bandage book; and at this late period, they could not be much benefited by one. As operative surgery implies a mechanical adroitness, so whatever follows in the dressing of wounds, fractures, dislocations, &c., must partake of manual dexterity, which implies a capacity to meet every exigency. It is proper to be provided with lint, adhesive straps and rolls of various lengths and widths; but the idea of reducing the strictly mechanical business of putting these articles on, to a science, is quite ridiculous.

We now have reference, in these observations, to private practice, fully believing that no such production as this is worth the trouble of reading. In well-regulated hospitals, where every movement is deliberately performed, and the machinery, for exhibition as well as utility, should be always at hand to meet every conceivable case, the dresser may, with a show of propriety, act the posture master at the head of the company, and be stared at, as a consequential personage, for the special behoof of spectators. Still, it is all a farce to pretend that such an air of dignity is appropriate to the simple business of tearing cotton cloth into strips, like a tailor's measure. Perhaps it is an accomplishment to understand what plumasseau is, and that bourdonnet is a little mass of charpie rolled into an oblong form between the hands; but it is of no utility whatever. The student would profit more by studying something else in the line of his profession.

* The Surgeon's Practical Guide in Dressing, and in the Methodic Application of Bandages, illustrated by engravings. By Thomas Cutler, M.D., late Staff Surgeon in the Belgian Army. Philadelphia. Haswell, Barrington & Haswell, 1838. 12mo., p. 208.

Dr. Cutler was undoubtedly an excellent surgeon in the Belgian army, who carried his experience, however, to a poor market, when he wrote this essay, because it is neither a nine-day wonder or even entitled to a place in a library. What can compare with those admirable directions, which are everywhere interspersed, in standard works on surgery, for performing the operations? Really, about as much would be gained by thoroughly perusing the index of Mr. Liston's admirable production, as by a week's devotion to our non-erudite author, who gathered scraps, here and there, out of all his predecessors in the art chirurgical, which, forsooth, is dubbed a book, under the specious title of a *guide*.

The publishers should have been advised before engaging in an undertaking so inferior; they are enterprising and usually discriminating, but in this instance less fortunate than common.

American Phrenological Journal.—A prospectus of a new periodical, to be called the *American Phrenological Journal and Miscellany*, has been sent abroad by that enterprising publisher, Mr. Adam Waldie, No. 46 Carpenter Street, Philadelphia. Such a work is much needed in this country, and deserves the sustaining patronage of the advocates of science. Some two or three years since, Messrs. Marsh, Capen & Lyon, of this city, published a phrenological periodical, which deserved a better fate than to die for want of subscribers, particularly in the very focus of phrenology. It was in Boston that the celebrated Spurzheim excited the highest curiosity by the novelty of his doctrine, and it was here that he closed a life of great activity and industry, which had been devoted to the promulgation of the facts and discoveries in this before unsurveyed field of philosophy. It was in Boston that the first Phrenological Society was organized in the western hemisphere, which still exists, possessing a cabinet of rare value, which may be considered one of the most curious objects in the city. With all these advantages and facilities for collecting information illustrative of the truth of phrenology, the Boston Journal was not sustained. But it does not devolve exclusively on believers to pay the printer; all who are well-wishers to the progress of human knowledge, without reference to their opinions on the value of the particular doctrine, should aid and assist in the maintenance of a work that will embrace a vast amount of curious matter, which otherwise cannot be concentrated in a form so convenient or systematic, as by a person diligently occupied in the science—for a science it is, and phrenology, notwithstanding the buffetings it has received, will ultimately command the respect of the highest order of talents in this country, as it already has in some of the most enlightened countries of Europe.

It would have gratified curiosity a little to have had the name of the editor announced; it would have inspired a degree of confidence, too, in the undertaking. Still, on the whole, it is of little consequence, as it is presumed that Mr. Waldie is well acquainted with the strength and resources of the gentleman who has been selected. No 1 is to appear the present month, and continue monthly, in thirty-two pages, octavo, at two dollars a year in advance. Its success will give us unfeigned pleasure.

Stranger's Fever.—Such is the designation given to the disease which has been, and perhaps now is, prevailing alarmingly at Charleston, S. C.,

which is characterized by extreme prostration of strength, fetid bilious discharges, tinged with blood occasionally ; a weak, rapid pulse, and, in the last stages, coma. Usually, just before death, there is a convulsive action of the muscles of expression, a restless movement of the limbs, and apparently a deep-seated pain in the neighborhood of the liver. Some throw considerable quantities of dark, ropy fluid from the stomach very freely, but without essentially relieving the condition of the sufferer. A yellowish tinge of the skin accompanies the progress of the malady, much more perceptible just before death, in those cases which have been particularly observed, than at any other period. The urine tinges the linen of a deep saffron color. The tongue is only occasionally dry ; but never swollen, thickly furred, nor protruded with extreme difficulty, as in some forms of typhus familiar to physicians here at the north.

It is proper to modify these remarks by saying that such are the phenomena observable in those cases which have occurred on board a vessel arriving in this port, in eleven days from Charleston. It is altogether probable that some considerable alteration is made in the character of the malady in coming so great a distance, to a place where the high winds and the cold September mornings and evenings always exert a striking influence on diseases of a domestic origin.

With seamen, it is their misfortune, when voyaging, if indisposed, to drench themselves intolerably with drastic purges. It matters not what their symptoms indicate—salts, jalap and calomel, in most formidable doses, and if alarmed, unnecessarily repeated, is too much the practice in every grade of seafaring life. No discrimination is made between one class of pains and another. This propensity for taking medicine on ship-board is so universal, that it is indeed strange that some one has not made the attempt to enlighten these hardy people of the ocean, by writing expressly for their understandings upon this topic. Medicine chests are furnished, to be sure, with some ninepenny treatise on the practice of physic, which refers to the numbers on the phials, but makes no satisfactory explanation of the action of the drug so designated. Medicine being considered, therefore, a remedy for human disease, the sailor practises upon the precept that the more he takes, the sooner he shall recover. Passengers are easily influenced by these customs—and when any sudden alarm is created by the development of a case of sickness, supposed to have any relationship whatever to a disease from which they fancy they are fleeing—as an epidemic, for example, such as that now so destructively rife at Charleston—they, too, instantly begin to break down their health in a vigorous effort to ward off a threatening evil. If the matter were carefully investigated, we apprehend that it could be satisfactorily shown that a multitude of ship-passengers have in this way been seriously injured, if not absolutely broken down in constitution, without the least cause for it, with the single exception of a distempered imagination induced by fear and the propensity of seamen to take physic. Our own experience in the course of years, both with sailors and those who voyage with them, convinces us that many lives are sacrificed to this salt-water vice.

Anonymous Fault-finding.—To please every person who reads the Journal, is hardly possible. The very attempt, in the first place, would be on the humiliating terms of relinquishing one privilege which every editor has a right to maintain ; viz., that of criticizing those emanations of

the press which legitimately belong to the department of science or literature to which his publication is devoted, and which he is bound to notice according to his own individual views, without fear or partiality. This we have invariably done, and will in nowise refrain from doing to gratify any person, at home or abroad. The author of a communication addressed to the editor, signed *Philo-medicus Aldenis*, will perceive that he is in more haste to be angry, than the circumstances in the case require. We shall make no concessions nor apologies. When there is a wilful spirit of hostility manifested against a member of the profession, it will be time to come to his relief—but no brow-beating will terrify us nor in any degree change an opinion, once deliberately formed, of the value of any medico-literary production which may be noticed in these pages. For years in succession, whenever an opinion has happened to be advanced which run counter to the smooth current of some one more interested than ourselves in the issue of some point, not, perhaps, very important in itself or of consequence to the public, these anonymous criticisms have been poured in like a flight of locusts; but they cannot be met in a respectful manner, for we know not whom to address. We therefore beg to request those who have any wrongs to be redressed at our hands, to come out manfully and state their grievances, with full assurance of a kind reception.

Fiske Fund Dissertations.—A correspondent at the South requests a copy of the prize dissertations on puerperal sore mouth and scarlatina. We believe the premium was awarded to the dissertation on only one of these questions, the present year—but which, we have not learned, nor have we heard in what manner it is to be given to the public.

Yellow Fever in Havana.—Nothing could have been more unlooked for than this former scourge, after all that has been said of the excellent condition of the city the last few years. If there is no obvious local cause, such, for example, as the accumulation of masses of putrid vegetable materials in the gutters, the once assigned cause of yellow fever in Havana, its return must be imputed to certain conditions of the atmosphere which no system of cleanliness can materially affect. Should the mortality become at all alarming, we trust our friend and correspondent, Dr. Osgood, will transmit the particulars. By turning back to page 53 of Vol. XIII., the reader will find a paper from that gentleman, on the treatment pursued by him in a very extensive practice of upwards of twenty years in the island of Cuba.

On the Division of the Tendo Achillis in Cases of Club-Foot.—Mr. John Whipple, a surgeon of Plymouth, Eng., has published a very valuable paper, which contains the details of no fewer than nine cases, all operated upon by himself, and, with one exception, in which the failure was not attributable to the operator, all with perfect success. The patients were aged 9, 8, 28, 8, $2\frac{1}{2}$, $7\frac{1}{2}$, 14, 7, 1 1-6 years respectively; and the comparison of the details justifies the deduction drawn by Mr. W., that *infancy* is the time most favorable for the operation. This surgeon's experience has so entirely convinced him of the curability of this deformity by the operation when properly conducted, that he asserts "that every

case of talapes verus, if not arising from cerebral or spinal irritation, can be cured by steady attention and perseverance on the part of the surgeon."

DIED.—In Plymouth, Mass., Charles Field, M.D., 34, a native of North Yarmouth, Me., and a graduate of Bowdoin College in 1827.—At Paris, Dr. Fabre Palaprat, general director of the Société Medico-Philanthropique; Dr. A. Salmade, once the physician of Louis XVIII. and the dethroned monarch, Charles X.—At Strasburg, Dr. Meunier, a professor in the university.

Whole number of deaths in Boston for the week ending September 8, 51. Males, 24—females, 27. Consumption, 9—dysentery, 9—infantile, 3—canker, 4—bilious fever, 2—dropsy on the brain, 2—cholera infantum, 3—old age, 2—fits, 2—hooping cough, 1—croup, 1—diarrhœa, 1—scarlet fever, 1—lung fever, 2—dropsy, 1—apoplexy, 2—burn, 1—accidental, 1—inflammation of the bowels, 1—stoppage in the bowels, 1—marasmus, 1—stillborn, 3.

HARVARD UNIVERSITY—MEDICAL LECTURES.

THE Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by	- - - -	Dr. J. C. WARREN.
Midwifery and Medical Jurisprudence, by	- - - -	Dr. CHANNING.
Materia Medica and Clinical Medicine, by	- - - -	Dr. BIGELOW.
Principles of Surgery and Clinical Surgery, by	- - - -	Dr. G. HAYWARD.
Chemistry, by	- - - -	Dr. WEBSTER.
Theory and Practice of Physic, by	- - - -	Dr. WARE.

Circulars of the Medical and Surgical Practice of the Hospital may be had of the Dean.

WALTER CHANNING,

Boston, July 23, 1838.

Aug 1—tN

Dean of the Faculty of Medicine.

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by	- - -	Dr. BIGELOW.
On Anatomy and Surgery, by	- - -	Dr. REYNOLDS.
On Midwifery and Chemistry, by	- - -	Dr. STORER.
On Physiology and Pathology, by	- - -	Dr. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1838.

Aug 22—ep3m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

MEDICAL INSTITUTION OF YALE COLLEGE.

THE course of Medical Instruction in Yale College begins on Thursday, November 1st, 1838, and it continues seventeen weeks. The several branches are taught as follows, viz.

Theory and Practice of Medicine, by	- - -	ELI LIVES, M.D.
Chemistry and Pharmacy, by	- - -	BENJAMIN SILLIMAN, M.D. and LL.D.
Materia Medica and Therapeutics, by	- - -	WILLIAM TULLY, M.D.
Principles and Practice of Surgery, by	- - -	JONATHAN KNIGHT, M.D.
Obstetrics, by	- - -	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	- - -	CHARLES HOOKER, M.D.

The matriculation fee and contingent bill are \$7.50; the fees for Chemistry, Anatomy, Surgery, Materia Medica, and Theory and Practice, are \$12.50 each, and for Obstetrics \$6.00—amounting to \$76.00—the whole to be paid in advance. The graduation fee is \$15.00.

Yale College, Aug. 16, 1838.

A29—6w

CHAS. HOOKER, Secretary.

INFIRMARY FOR SPINAL DISTORTIONS, CLUB FEET, &c.

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George Hayward, Edward Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, Geo. B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838.

tf.

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COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

The Lectures in this Institution will commence on the first Monday in November, and continue for four months.

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ALEXANDER H. STEVENS, M.D., Professor of Clinical Surgery. (Lectures at the New York Hospital.)

JOSEPH MATHER SMITH, M.D., Professor of the Theory and Practice of Physic and Clinical Medicine.

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JOHN B. BECK, M.D., Professor of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Professor of Chemistry and Botany.

JOHN R. RHINELANDER, M.D., Professor of Anatomy.

ALBAN G. SMITH, M.D., Professor of the Principles and Practice of Surgery.

ROBERT WATTS, JR., M.D., Lecturer on Special Anatomy.

The expense of attending a course of Lectures by all the Professors, is \$108.

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The examination of Candidates for the Spring graduation commences on the first of March, and for the Fall graduation on the 2nd Tuesday in September.

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J. AUGUSTINE SMITH, M.D., President.
N. H. DERING, M.D., Registrar.

New York, June 25, 1838.

Aug 29—tNI

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Blandford, Mass., August, 1838.

Aug 8—6w

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WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 18—tf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, SEPTEMBER 19, 1838.

[NO. 7.]

DR. MARSHALL HALL ON PUERPERAL DISEASES.

FROM HIS LECTURES NOW IN COURSE OF DELIVERY.

HAVING now, gentlemen, gone over the diseases of the various organs of the human frame, and lastly those of the uterine system, I am naturally led to treat of *puerperal diseases*; and, having devoted much attention to this subject formerly, I shall do so very particularly. There is no class of diseases which will fill your minds with greater anxiety when you have entered into practice.

Many circumstances concur to render the disorders of the female sex peculiar; but this is still more emphatically true of puerperal diseases. This fact will appear sufficiently obvious upon a simple enumeration of the principal causes of these diseases; and still more so, when it is considered that, in general, two or more of these causes co-operate together to produce the cases which present themselves to our notice in actual practice.

In both these points of view, indeed, the subject of puerperal diseases appears to me to present a peculiar object of study to the physician. In scarcely any other cases do so many and such various circumstances require to be taken into the consideration at once, as in puerperal diseases.

This class of diseases may be considered as embracing all those morbid affections which arise out of the state of pregnancy, of child-bearing, or of lactation. They may be divided into those which occur in the earlier, and in the later periods of pregnancy—immediately before, and after, and during the act of parturition—during what is termed the puerperal state—and during the period of lactation.

In the early period of pregnancy many organs suffer, in consequence of the source of irritation then set up in the uterine system. These affections are, for the most part, well known, and do not come within the design of this course, the object of which is to treat only of certain morbid affections, which occur in the puerperal state, and which appear to me not hitherto to have received the degree of consideration which is due to them.

In the later periods of pregnancy several causes combine their influence, especially to endanger the state of the brain. It is upon the conjoined and separate operation of these causes that our attention should be particularly fixed, in regard to the diseases of this period; for it is frequently by their co-operation alone that their morbid influence upon

the brain is brought into activity, whilst it may occur, afterwards, that one or even several of these causes may be removed, and yet a remaining one may renew or continue the morbid effect upon the brain, which they had conjointly begun. The causes which co-operate in the last period of utero-gestation, in inducing a morbid state of the brain, are chiefly uterine and intestinal irritation, concurring with the actual pressure of the gravid uterus upon the various viscera and vessels situated behind it, and the state of plethora of the vascular system, especially, occasioned by this pressure.

During parturition the contractile efforts of the uterus and of the abdominal muscles, add another source of danger to those already mentioned; and it is at this period that the brain is most subjected to fulness and pressure, and that convulsions or apoplexy are apt to occur.

Several sources of danger are removed when delivery has taken place; and yet this is not always sufficient to protect the patient from an attack of convulsion; for this terrible affection has first occurred even after delivery has been effected. In this case, especially, I suspect that a state of intestinal load and irritation has been the exciting cause of the attack of convulsion. And this observation confirms the remark already made, that when several causes have co-operated to induce a state of danger, some may be removed, and yet, if one remain, it may lead to the most disastrous events. This peculiarity in the study of puerperal diseases, cannot be pointed out too often, or too strongly.

Convulsions do occasionally occur after delivery, even although the system be in a state of exhaustion from hæmorrhage. The state of general exhaustion is not, I believe, incompatible with a state of fulness of the brain; but this kind of convulsions will be found, I think, frequently to involve, also, a state of intestinal load and irritation.

But immediately after delivery, the danger may arise more directly and simply, from a state of inanition and exhaustion, the effects of an emptied condition of the uterus and abdomen, of abstracted pressure upon the viscera and vessels along the spine, and perhaps of loss of blood.

To these sources of danger, after delivery, must also be added the effects, perhaps, of protracted suffering, of violent pain, of mental alarm, and of what may be termed the "shock of parturition."

There is another series of puerperal affections which do not occur, for the most part, until some hours, at least, after delivery. These affections consist principally in uterine or peritoneal inflammation, in the effects of loss of blood, or in two or more of these combined. There are two other sources of irritation in the condition of the mammae, and occasionally of the uterus; and there is that terrible disease, the epidemic puerperal fever.

Considering the important and sudden change which takes place in the condition of the uterus, in parturition, we cannot be surprised that this organ should frequently be the subject of inflammation in the puerperal state. Neither can it be matter of surprise that its appendages, the adjacent viscera, and the peritoneum at large, should not unfrequently participate in this morbid condition. And when we further

consider the degree of violence to which the brain has been subjected, during parturition, we must be led to expect that this important organ should be left, by that process, in a state of proneness to inflammation; and this is precisely the case; for, next to the viscera of the abdominal cavity, the brain is, perhaps, the organ which is most apt to become affected by puerperal inflammation.

There is another not less fertile source of puerperal disease, in the state of the alimentary canal after delivery. This state consists, in general, in a loaded or disordered condition of the large intestines; but sometimes, also, in improper things taken into the stomach. It is most important to observe, that the effects of stomachal or intestinal irritation are very similar to those of inflammation, as it affects the head or abdomen; for on the just diagnosis of these cases depends the proper application of the remedies.

Similar observations apply to the effects of loss of blood, when these are of the remote character, and attended by the phenomena of reaction. In this case, the head is apt to be so affected as to lead to the idea of inflammation of the brain; and the heart so as to present the symptoms of disease of this vital organ.

But it is rare that these sources of disease act thus distinctly; it is far more usual to observe them co-operating together to produce a mixed case, and it is in such complicated cases that all the attention and energies of the mind are required to appreciate the influence of each, and to adapt the remedies to this complicated form of disease.

There is not, unfrequently, also, a source of irritation in the state of the uterus itself. A certain degree of after-pain is usual in almost every case; but a state of irritation and pain are frequently kept up by the presence of clots of blood, and the efforts for their expulsion. This state of the uterus is full of dangers; not in itself, but by masking and concealing the beginning of dangerous diseases; pain of an inflammatory kind is too apt to be neglected, under the impression that it is but the usual after-pain.

A similar remark may be made in regard to the irritation excited in the establishment of the secretion of the milk. This process is apt to be attended by pain, fever and affection of the head, which frequently mask the beginnings of puerperal disease.

Both these sources of irritation concur to add complexity to the character, and difficulty to the diagnosis of puerperal diseases, and to constitute that peculiarity of this study to which I have already alluded.

The first of these classes of disease might, perhaps, be denominated parturient, whilst the second might be distinguished by the epithet puerperal; the former occurring, chiefly, in or near the act of parturition; the latter, usually, some hours afterwards. There is a third class of morbid affections, which follow still more remotely upon child-bearing, and which consist, principally, in the more continued effects of intestinal disorder, or of loss of blood, and issue, for the most part, in an inability to support the drain occasioned by lactation.

A fourth series of puerperal maladies, using this term in its most extended sense, arises out of undue lactation itself. They consist in the

various forms and effects of exhaustion, and constitute a most important and interesting subject for renewed inquiry ; for I believe them not to be at present by any means fully understood.

There is still another consideration which is full of interest in regard to puerperal diseases—namely, the state of health of the patient previously to her confinement. That which most frequently modifies the puerperal state, is disorder of the general health, of the various characters described in the first part of this course. It frequently occurs, from such a state of general disorder, that the recovery, after confinement, is tardy, the secretion of milk scanty, or even morbid, affecting the health of the infant, and that there are many local affections, especially of the head or of the heart, which are full of pain and suffering.

I have now taken a rapid survey of the principal causes of puerperal diseases. It may be truly said, that many of these causes co-operate in every case ; but it is also true, that each puerperal disease is to be referred to one or two of these causes more especially. Every case of puerperal affection may, therefore, be considered as a case of modified disease, requiring that the mind of the physician be active and comprehensive, so as to embrace the numerous circumstances of the disease. This is true in a degree which scarcely obtains in any other class of diseases ; and it is on this account that I have represented the study of puerperal diseases as requiring peculiar habits of inquiry and investigation.

I have adopted the term *parturient*, to express the condition of a person just before, just after, and during the act of parturition. It is my intention in this lecture, briefly to notice the morbid tendencies of this state, as a necessary introduction to the more detailed account of some of the affections which occur in that, which may, perhaps, be more properly termed puerperal. The distinction between the *parturient* and the *puerperal* states will be found to be at least of great practical utility.

I have cursorily alluded, in the preceding remarks, to the principal causes of apoplexy and convulsions, as they occur in the last stage of utero-gestation, and in the act of parturition. It is my present object to enter into this important question with somewhat more detail. *

The first cause which I enumerated as conducing to these affections of the brain, was uterine irritation. That this species of irritation does, indeed, dispose to disease of the brain, is sufficiently obvious from the occasional occurrence of convulsions in cases, even, of dysmenorrhœa or painful menstruation.

A second exciting cause of affection of the brain, probably not very different in its nature from the former, is the *parturient* efforts of the uterus when labor has begun. The effects of labor-pain upon the vascular system of the head are sufficiently seen in the flushed state of the countenance. And the attack, or the recurrence of convulsion, not unfrequently takes place with each uterine effort.

With the uterine efforts must, however, be conjoined those of the abdominal and other muscles, in our estimation of the influence of labor-pains upon the state of the brain.

The third cause of affection of the head in the *parturient* state, is

stomachal or intestinal load or irritation. It appears almost unnecessary to adduce any example of the influence of these causes upon the vascular system and nervous origins within the head. The presence of indigestible substances in the stomach, and of indurated or otherwise morbid fæcal matters in the large intestines, are amongst the most usual causes of apoplexy and convulsions in those who are predisposed to these affections, and especially in the puerperal state. The late Dr. John Clarke published an interesting and important paper, to which I shall have occasion to revert hereafter, upon the morbid influence of oysters, taken at this period, upon the brain; and it cannot be doubted that other indigestible substances have frequently, perhaps unsuspectingly, produced the same deleterious effects. One of these effects was convulsion. And it is to be particularly remarked, that the cases published by Dr. Clarke all occurred after delivery, and of course even after some of the predisposing causes of puerperal convulsion had ceased to operate.

But a still more frequent concurrent cause of convulsion, or of apoplexy, in the parturient state, is a loaded condition of the large intestines. The operation of this cause is frequently made obvious by the effects of purgative medicines and enemata, in these cases, both in the relief they effect in the symptoms of affection of the brain, and in the character of the alvine evacuations; the quantity of scybalous fæces which have thus been evacuated, in some instances, would appear incredible, were not the torpid and dilated condition of the intestines taken into the account.

Nor can there be any doubt, that the gravid uterus itself acts, by its size, and by its pressure upon the descending aorta, in inducing fulness of the vessels of the brain, in the last period of utero-gestation. It is on this principle, that delivery frequently secures the patient against the recurrence of the fit of convulsion. When the pressure of the gravid uterus falls more particularly upon the vena cava, the effect of interrupted circulation is, of course, observed in the lower extremities, chiefly under the form of œdema, but perhaps of phlegmasia dolens.

It usually happens, as I have observed already, that apoplexy or convulsion occurs in the parturient state, from the conjoined operation of several of these causes. And it is only by an attentive consideration of all of these sources of danger, that the attack is to be prevented in the first place, and its recurrence in the second.

It is important also, with the view of prevention, to consider the probable condition of the encephalon itself immediately leading to an attack of convulsion or apoplexy. It is doubtless one either of irritation, or of fulness. Every cause of these morbid states of the brain must, therefore, be carefully removed and avoided, whilst their effects are combated by the most vigorous remedial measures.

This is the more important, because each recurrence of convulsion is not only attended by immediate danger, but aggravates the morbid condition of the brain, and augments the tendency to the repetition of the paroxysms of convulsion. The same observation may be made of each contractile effort of the uterus and abdominal muscles, during parturition,

which, like the fits of whooping cough in other circumstances, has in some instances led to convulsion.

The state of the system which obtains immediately after delivery, is, in many important circumstances, different from that which exists during pregnancy and in the act of parturition.

The emptied state of the uterus and abdomen constitutes in itself a source of inanition; and there is usually more or less of loss of blood, and sometimes even an extreme degree of hæmorrhage, so that the system in general must be considered to be in a state of exhaustion.

There can be no doubt, that this very exhaustion alone has, in some instances, induced convulsion. But it is probable that in many, some of the causes of this terrible affection which have been mentioned, and especially a state of uterine, stomachal or intestinal irritation, have concurred to produce this effect.

The more usual immediate consequence of delivery, and of uterine hæmorrhage, is a state of syncope; this is more or less severe and alarming, according to the degree of loss of blood, and of the susceptibility to its effects, and varies from the slightest degree of faintishness to such a state of syncope as may endanger life.

Similar effects are sometimes to be attributed to the protracted sufferings of a lingering labor; in other cases to the violence of pain; and in others, to alarm and dreary apprehensions and anticipations on the part of the patient.

These circumstances sometimes lead to sudden death, an event which may occur immediately upon delivery. In such cases, cordials given during the last stage of labor, the recumbent position guardedly preserved, and the immediate and careful application of the abdominal bandage, may save the patient.

Perhaps the condition of the system, under the influence of some of the circumstances of parturition, cannot be better expressed than by the term "shock;" and it may be aptly compared to a similar state under very different circumstances, and especially those of a painful operation. This state of shock seems to consist in a partially suspended power and action in the system. It may be suddenly fatal; or it may yield to reaction, which may or may not pass the boundary of health; or, lastly, after some feeble efforts, it may lead to a gradual but irretrievable sinking of the vital powers. This subject has not been sufficiently noticed in medical writings, especially in connection with the parturient state.

One of the influences of shock still requires to be mentioned. Many causes of disorder may long remain dormant, or may be affecting the system in the most gradual manner only, until they are called into a more active operation by some kind of shock. This is particularly true in regard to intestinal irritation. This cause of disorder may long subsist in an inactive state, until, by the occurrence of some shock to the system, it is brought into but too effective operation. It is for this reason that the effects of intestinal irritation are so frequently observed in the puerperal state, and after various accidents, without which this cause of constitutional derangement might have long remained inoperative, or at least insufficient for the production of acute disease.

In the treatment of apoplexy or convulsions before delivery, and even after delivery, except in cases of profuse uterine hæmorrhage, the principal remedy is bloodletting; the second object is the removal of all those exciting causes of the disease which have been mentioned; and the third is cupping of the occiput and neck.

In the case of hæmorrhage, the remedies are still the removal of the exciting causes, and cupping.

It is not my intention, at present, to pursue the subject of the treatment of these affections, because it is my wish rather to confine myself to the description of some other forms of puerperal disease which have, in my opinion, been greatly overlooked. But I cannot refrain, even in this place, from pressing several points upon the attention of practitioners.

Of the absolute necessity for full bloodletting I need not speak; but I would particularly observe, that a state of exhaustion from loss of blood generally from the system, does not protect the brain from a state of vascular fulness. This I consider to be abundantly proved in the excellent paper of Dr. Kellie, in the "*Medico-Chirurgical Transactions of Edinburgh*," and by the fact of the occurrence of convulsions, and even of apoplexy, in this state of exhaustion. It is in this very case that cupping of the occiput is so strongly to be recommended. The brain, in some cases of exhaustion, is relieved by the topical abstraction of a very small quantity of blood; and this relief is not only obtained by a less expenditure of blood, but is more permanent than similar relief effected by general bloodletting.

The next point upon which I would insist, is the careful removal, not of one or two, but of all sources of irritation—of all the possible exciting causes.

A point not less important than the treatment of these affections is their prevention. I believe no means would conduce so much to this purpose as the invariable administration of copious warm water injections at some period before or during labor. The large intestines would thus be relieved of their load, and a great and fertile source of future disease would be removed. And this remark applies not to affections of the head only, but to many other puerperal diseases, as will be noticed in a subsequent chapter.

The morbid affections which occur in the puerperal, as distinguished from the parturient state, usually commence at such a period after delivery as may have given space for reaction to take place, from the state of inanition and exhaustion which usually obtains immediately upon parturition.

It should be observed, however, that there is scarcely a disease of the puerperal state which does not occasionally show itself before delivery. In these cases the disease usually remains stationary, or nearly so, until parturition has taken place, and then assumes its exasperated form.

In some instances, and those of the most serious kind, puerperal disease supervenes insidiously, and makes a slow, and probably an unheeded and fatal progress.

Even of those puerperal diseases which commence by marked symptoms, the more serious are not always the most unequivocal in their

mode of attack. Pure inflammation is, for example, less marked by rigor, heat and other obvious symptoms, than the effects of intestinal irritation. This is a point which requires to be enforced upon the attention of practitioners, for, in inflammation especially, it is of the utmost importance to detect the disease in its very origin.

I shall first treat of abdominal inflammation and its varieties; secondly, of intestinal irritation in its various forms; thirdly, of the effects of loss of blood; and fourthly, of mixed cases which combine two or more of these morbid states. I shall then resume the diagnosis, and the comparative treatment of these diseases, under separate heads.

Subsequent experience has only confirmed the opinion which I expressed seven years ago, that the effects of intestinal irritation, and of loss of blood, constitute a great part of puerperal diseases, and a great proportion of the fatal cases; and that of those fatal cases, many are rendered so by a mistaken use of the lancet.

The effects of intestinal irritation and of loss of blood are, indeed, as I shall proceed to show, apt to produce symptoms of increased action resembling those of inflammatory disease, and prompting the use of evacuant remedies. This proceeding is attended by two sources of error; in the first place, the symptoms are frequently relieved in the first instance—a state of faintishness taking place of that of reaction—and the physician is apt to judge that the remedy had relieved, but was used in too mild a degree to subdue the disease, and is thence led to a repetition of the measure; in the second place, after the first and second moderate use of the lancet, for instance, the reaction returns in a still more violent degree than before; and it is then imagined, that the disease, though relieved, was not only not subdued, but had been suffered to make a fearful progress; the lancet is, therefore, again used, until it may be that the powers of the system yield, and sinking takes place of reaction; or, if the last bloodletting be considerable, the scene may be closed by a sudden and unexpected dissolution. I published several sad instances of this kind in a former little work upon this subject, to which, to prevent repetition, I would refer you.

I have already observed, that the effects of inflammatory action, of intestinal irritation and of loss of blood, are alike apt to prevail in the puerperal state. It is only necessary to add, that they variously resemble each other, in different instances, so as to require the utmost attention for their diagnosis, and yet require totally different remedies for their safe treatment and cure, to give the subject all the interest of which it is susceptible.

[To be continued.]

INFLAMMATION AS INFLUENCED BY THE TIME OF ITS DEVELOPMENT.

[Communicated for the Boston Medical and Surgical Journal.—Concluded from page 76.]

IN my last communication I endeavored to show that there was a necessary connection between the *time* of development of inflammation, and

its course. It was made to appear that inflammations, at least of the skin, arising suddenly, run their course rapidly; and inflammations slowly arising are proportionally slow in their progress and decline—whether they arose from the action of different external irritants, or of internal causes (eruptive fevers) under the same circumstances, or from the same irritant (the vaccine virus) under different circumstances. This was all the proof the nature of the case is susceptible of. If it be objected that the facts introduced, though general, are not universal, the reply is, that in the affections of a structure so complex as the human frame, perturbing causes may well arise to derange what would otherwise be a regular operation, and hence exceptions to general rules need not be estimated. Were an individual about to give an explanation of the position of the fœtus in utero at birth, the question with him would be, why it presents twenty-five times out of twenty-six with its occiput behind the left acetabulum, not why it presents the twenty-sixth time in another quarter.* Other facts might be added to show that time is an essential element in the production of inflammation. Smallpox, when it becomes confluent, has an eruptive fever of shorter duration, and in fact an erythema like scarlatina often precedes the eruption. Gonorrhœa usually appears sooner after exposure than chancre; and erythema, when from a wound, is much more rapidly developed than phlegmonoid inflammation.

Nor is the relation between time and organic action confined to inflammation. It is an element in all the operations of nature, and is connected always with the perfection of the product developed. Man is the most perfect animal, and is the longest from the commencement of his formation until he is capable of reproducing his species. The vaccine vesicle is the most perfect specimen of inflammation that attacks the skin; and from its regularity of development, defined form, and absence of pain attending it, deserves to be considered a healthy product, instead of an inflammation. The skin seems adapted to produce it, as the earth does a flower; and the resemblance it bears to a compound flower is so close as to leave little room to doubt that the same law governs the development of both. There is the areola, to correspond with the florets of the ray; the cells of the vesicle, to correspond with the florets of the disk; the central depression, which is found in the early stage both of the pock and daisy; the period of the eruptive fever, corresponding to the formation of the bud; the period of maturation, corresponding to the perfection of the flower; the constitutional affection at the ninth day, a counterpart of the act of reproduction; and the period of decline, analogous to the development of the seed. Compound flowers make their appearance later in the season than the simple ones, and are generally slow of evolution.

I would refer to another series of facts which may not appear quite

* Since I have alluded to this subject, I will offer an explanation of this fact, which will pass for what it is worth. The situation of the fœtus is regulated by the polarity that exists between its nervous system and that of its mother. The brain of the fœtus is turned away from the brain of the mother, the spinal marrow from her spinal marrow, and the right side from her right side. Each part where the nervous fluid is most concentrated, is as distant from the corresponding part in the parent as possible.

so relevant to the subject. Those animals which are subject to transformations evidence, by their rapid growth and wonderful voracity, great activity of organic action. To this extreme rapidity of development, or rather to the cause producing it, is owing the fact of their transformation. In them reproduction is not noticed until the last transition is effected. The frog does not reproduce in the tadpole state, nor the insect in the larva state. Frequent moulting is exhibited by those animals. May it not be possible that the act of reproduction and that of transition are connected with each other? That in those animals where vital action is excessive, transition takes the place of reproduction, until this activity becomes moderated, and then comes reproduction, which is followed by the death of the individual. And hence, perhaps, the reason that transition is no longer witnessed in the other animals. Nutrition is less active, and what would otherwise be transition, is now reproduction. The process of moulting and that of reproduction are attended by high excitement.

A satisfactory solution is given of this connection between time and the consequences of organic action, by supposing the cause of the determination of the fluids to be a subtle fluid of the nature of electricity, and all the remote causes of disease primarily to excite disturbances in the motions of this fluid.

The point on which the solution turns, is the fact that one fluid is propelled by another of a different density, and resists by its inertia the motion of this latter fluid. The resistance the rarer fluid then meets with, is in proportion to the particles it displaces. But this resistance increases as the square of velocity increases. Therefore if two currents be excited, and one acquires the same velocity in two days that the other does in three, the resistance the first meets with will be in proportion to that the second meets with, as 9 to 4;* and as this resistance depends on the displacement of the particles, this displacement will be in the same proportion.

Having thus shown that a current quickly excited, even with the same velocity, will have removed in the same time more particles of the circulation than one slowly excited, it is incumbent on us to show next that it operates to cut itself off, in order to account for the circumstance that inflammation, quickly excited, heals as suddenly. This second circumstance, it will be easily perceived, follows directly upon the first. For the blood being moved out of the course of circulation by the mechanical force of a fluid, when it accumulates around a point must oppose an obstacle to the further passage of that fluid from that point. The conducting power of the blood depends in a great measure on the motion of its particles; and the amount of fluid passing off in a given time, will depend on two circumstances, viz., freedom of motion among the particles of the blood and the force of the cause which impels it. When, therefore, either of these remain constant, the current will depend on the other; and since any current which passes through a point may be considered as divided into one which passes towards, and

* The resistance encountered in equal spaces of time.

another which passes from, that point, the first impelling, the second attracting, the other respectively, the interposition of a non-conductor at the point will destroy more or less of the impelling force. Hence that part of the current behind will be arrested the sooner, in proportion to the obstruction to the motion of the globules, or to the greater number that are moved out of the course of the circulation in a given time, or to the greater velocity of the primitive current; and as the inflammation is kept up by the impelling force of the current directed towards the point, it will be disposed to cease as soon as the current ceases, that is, sooner in proportion to its velocity. From which it would appear that of two equal velocities, excited in unequal times, that which is excited in the shortest time produces soonest an inflammation, which also runs its course more rapidly. There is no reason why, of two currents excited in this manner, one may not produce a pustule like that of the smallpox, and another a pimple, a rose spot, or a point of inflammation like that which obtains in erysipelas and scarlatina, whatever may be the cause exciting them. At the same time it is manifestly unnecessary to suppose that, in order to produce these effects, the velocities should be equal. Any imaginable velocity capable of disturbing the movements of the blood might give rise to them, provided the conditions of time be observed.

We have thus a consistent explanation of two general facts: 1, that inflammations suddenly developed run their course with rapidity; 2d, that inflammations slowly developed are of long duration.

This explanation is adapted to the commonly received notion of electricity. Strictly speaking, however, the mode of development of the vaccine vesicle I conceive to be as follows. Around the centre of the red inflamed point a series of vibrations commence, which are transmitted along the surface of the skin to the circumference of the areola, between which and the centre these vibrations proceed like circular waves. Advancing from the centre to the circumference, and being reflected from the circumference to the centre, in the early stages of the inflammation those from the centre to the circumference are more powerful than those reflected from the circumference to the centre. They are more powerful, but in a diminishing ratio as the inflammation progresses; so that the forces of the reflected waves from the circumference to the centre increase upon those from the opposite direction, until a limit is attained where they are equal. To this it is owing that the disk, which at first develops itself at the circumference like a ring, finally protrudes at the centre. An electrical current is poured along some nervous or arterial channel to the point, and also along the stem of a plant of a compound flower, and the constitutional affection which takes place at the ninth day in the one instance, analogous to the period of impregnation which follows the complete development of the flower in the other, marks the return of the electrical current towards the centre, or the restoration of its equilibrium, in consequence of the impulses reflected from the edge and surface of the product preponderating over those from the centre. The tendency to an eruption of pustules is present at this time, and will succeed, or not, according to the perfection of the primary vesicle. In inoculation, which is an imperfect form of vaccination, it usually

succeeds. The absence of all constitutional affection probably marks the most perfect form of vaccination, and depends on the undulatory movements being the least possible, which are yet capable of developing the vesicle, and attaining a limit by which they are reflected. Ring-worm affords an instance where these movements are not sufficiently intense to give to themselves a reflecting boundary in a circumscribed areola, and the disorder spreads indefinitely. According to this, small-pox and the vaccine disease are the same, the electrical excitement being only greater in the former than in the latter; and it is not improbable that by a succession of inoculations from the same matter, the vaccine disease may be produced.

It is some corroboration of the above view, that on the decline of a vesicle, the areola forms oftentimes concentric rings, like those which occasionally surround luminous bodies. These vibrations are supposed to be essentially the same as those which, according to the undulatory theory, constitute light.

The following extract from Edwards on the influence of external agents on life, will serve to show that the above speculations are warranted by facts of a more tangible kind.

“In order to ascertain if diseases could be communicated, by electricity, from one person to another, as he was led to suppose by former experiments with intermittent fevers, P. Smith, of Fordham, was desirous of trying experiments on some person laboring under a disease which was inflammatory, but not considered infectious; he, therefore, had one of his men vaccinated. On the seventh day, the man was placed on the insulating stool, and connected with the positive conductor; a small incision was made with a lancet in the pustule, and an incision was also made in the arm of a lad with a *new* lancet; a wire four inches long was passed through a glass tube, one end of which touched the pustule on the man’s arm, and the other the incision on the boy’s arm—the electrification was continued for eight minutes, when the boy was removed. His arm was daily examined, and it was found that he was as completely vaccinated by electricity as any person could be by the usual mode. My friend afterwards endeavored to communicate the virus to two girls, by passing the electrical fluid from the pustule on the boy’s arm, who had been vaccinated by electricity, to incisions made in theirs. For three days the medical gentlemen supposed it had taken effect; but, on the fourth day, all appearances of vaccination died away. These girls were, however, afterwards vaccinated in the usual way in four places, two of which died away, and the other two took but very slightly. My friend, Charles Woodward, afterwards repeated this experiment upon an infant, the child of one of his friends, but with this difference, that he did not allow the conducting wire to come in contact with the child’s arm. The electric fluid was consequently transmitted in the form of small sparks. The disturbance which these produced, though trivial, prevented the application from being prolonged for the full time, which my friend would have wished; inflammation, however, succeeded, and, until the sixth day, was such as to induce the medical attendant to believe that the vaccination had been complete; from that day, however, the pustule died away.”

B. H.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, SEPTEMBER 19, 1838.

 IMPORTANCE OF THE GENERAL DIFFUSION OF A KNOWLEDGE
OF ANATOMY, PHYSIOLOGY AND HYGIENE.

As long ago as the 30th of May, F. H. Hamilton, M.D., of Auburn, N. Y., was invited to deliver a short series of lectures before the pupils of a female seminary in that town, on the important sciences of anatomy, physiology and hygiene. These lectures appear to have been prefaced by an introductory discourse of peculiar merit, which must have dragged tardily from the press not to have been circulated at least as early as the middle of June—but which has but just been given to the public.

Feeling obliged to read every publication that comes to our address, this was commenced without suspecting that it could be very remarkable, one way or the other, from the circumstance that it was prepared for a school of young ladies. We are mortified to confess that this fact should have engendered the presentiment that Dr. Hamilton had been giving pap to babes. But it is truly an excellent performance, distinguished alike for boldness, sound philosophy, fearless independence and sterling common sense. It would have gained the author the applause of an audience of profound scholars; and in a medical college, in preference to any other place, would have shone like a meteor. There are but few who can write like this gentleman. He swings his broad claymore with an unrestrained arm, till the very strong holds of quackery are laid open to public inspection. Even the polished, adroit, hypocritical, money-getting, disciple-making, orthodox practitioner of homœopathy, who physics the élite of New York with the billionth part of a grain of pulverized charcoal, is made as ridiculous as Punch in the play. There is a spirit, raciness and vigor pervading every page, producing a happy effect on the reader, and must, therefore, have been well received at the seminary, for no class of hearers are better judges of good reasoning, wit, and facts, whether in medicine or other departments of useful knowledge, than highly cultivated ladies. Probably a more lasting and widely extended influence will be given to the opinions of Dr. Hamilton—which, indeed, are the opinions of all educated physicians, on the important principles of health—than if pronounced before a body of men. Not precisely because, as falsely represented of the sex, that they immediately tell all they know, but because they will carry with them into practical operation the principles he has inculcated so happily—and the circle of knowledge, like waves receding from a pebble thrown into a stream, will keep widening, as their influence begins to bear upon the community, of which they are an essential and indispensable part.

It never can lessen the dignity or professional rank of any member of the medical profession, to go into common schools or academies to teach children the simple plan of their physical organization. Every subject on which Dr. Hamilton has lectured to the young ladies of the Auburn Seminary, should be given in all institutions of the kind in the Union. It will ultimately become a part of the course of study in all orders of schools, in which youth are taught, to make them familiar with general

anatomy, physiology and hygiene. Elementary treatises have already been prepared with reference to it, and they are studied with avidity, and thus children will grow up with some rational notions of the character of the machinery of their own bodies, which is the foundation of knowing how to preserve health and how to lengthen their days.

We are sorry that Dr. Hamilton, prompt and efficient as he is in everything else, should be wholly ignorant of phrenology—the evidence that he is so being conclusive, because he positively declares it has been “*proved utterly baseless.*” He is by no means treading forbidden ground; no, it is the height of fashion to scoff at phrenology, and those who know the least about it are the loudest in their denunciation. Now this is no declaration of war, for we can only assent, ourselves, to about one tenth of the doctrine; still, there are men of such gigantic powers, who are fully and satisfactorily persuaded of the ever-existing truths of the science, that their opinions are entitled to respect—and their corroborative facts, who can deny them?

Among the exhibitions of the wreck which Dr. Hamilton has made of all sorts of speculators in life, adventurers in physic and rascals in practice, the ultra-dietetic systems are made conspicuous. If any one is desirous of feeding on moonshine after reading this, he must indeed be a lunatic. On the whole, the author is deserving of much praise—but, to be appreciated, he should be closely studied, and this introductory should be generously distributed through the country.


Sison Aureus.—Professor Dewey sends us the following note, which may be of consequence to those particularly interested in studying native plants.

“My attention has just been called to an article in your paper, on a plant which has attracted some considerable attention. Dr. Bates calls it *Sison aureus* in Eaton’s Botany. It is one of the plants which have been changed about, from name to name. In the second edition of Eaton’s Manual it was named *Smyrniium aureum*; in the sixth edition it may be *Sison aureum*; in the seventh it is *Zizia aurea*. It is very common in the moist meadows.

Pittsfield, Mass., Sept. 5th, 1833.”

Medical Miscellany.—Frequent mention is made of considerable sickness among children. Bowel complaints seems to be predominant, accompanied by febrile excitement. Perhaps the bills of mortality, in the fruit season, were never more favorable, as an evidence of general public health, notwithstanding this indisposition of very young children, than at the present time.—No abatement of the fever in Charleston, S. C., seems to be manifested. It would be incorrect, we think, to give the scourge any other name than genuine yellow fellow.—On looking over the tariff of charges established by the associated physicians and surgeons of the City of New York, we notice that the fee for vaccinating stands, from \$5 to \$10. In this neighborhood, we have heard that the price has formerly been *ninapence*? and but few would avail themselves of the benefit of the operation even then.—Why have we not had a copy of the *Art of Preserving Health*? Extracts from the new edition, with notes, &c., are noticed everywhere but in our pages. If it possesses but half the merit it is represented to have, we should be glad to see it, at least.—

An epidemic of a formidable character is said to be prevailing at Knoxville, Tenn.—Smyrna is entirely free from the plague, a circumstance of considerable interest to merchants.—A woman was poisoned in New York, last week, by taking corrosive sublimate through mistake.—Mention is made, in the exchange papers, of an alarming disease among the laborers on the Illinois canal.

 List of medical graduates in Harvard College will appear in next No.

Whole number of deaths in Boston for the week ending September 15, 34. Males, 20—females, 14.
Consumption, 2—dysentery, 6—hip complaint, 1—infantile, 3—typhous fever, 1—bowel complaint, 2—cholera infantum, 2—hooping cough, 1—fits, 1—inflammation of the bowels, 4—diarrhoea, 1—bilious fever, 1—canker, 1—dropsy on the brain, 1—scarlet fever, 1—brain fever, 1—measles, 1—quinsy, 1.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms :

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	- - - - -	“ DR. WARE.
On the Principles and Practice of Surgery,	- - - - -	“ DR. OTIS.
On Anatomy,	- - - - -	“ DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct. 18—tf

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

July 25—eoptN—emtJy

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils ; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by	- - - - -	DR. BIGELOW.
On Anatomy and Surgery, by	- - - - -	DR. REYNOLDS.
On Midwifery and Chemistry, by	- - - - -	DR. SIGLER.
On Physiology and Pathology, by	- - - - -	DR. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, August 17, 1838.

Aug 22—ep3m

HARVARD UNIVERSITY—MEDICAL LECTURES.

THE Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by	- - - - -	DR. J. C. WARREN.
Midwifery and Medical Jurisprudence, by	- - - - -	DR. CHANNING.
Materia Medica and Clinical Medicine, by	- - - - -	DR. BIGELOW.
Principles of Surgery and Clinical Surgery, by	- - - - -	DR. C. HAYWARD.
Chemistry, by	- - - - -	DR. WEBSTER.
Theory and Practice of Physic, by	- - - - -	DR. WARE.

Circulars of the Medical and Surgical Practice of the Hospital may be had of the Dean.

WALTER CHANNING,
Dean of the Faculty of Medicine.

Boston, July 23, 1838.

Aug 1—tN

BOYLSTON MEDICAL PRIZE QUESTIONS.

THE Boylston Prize Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz. :—

JOHN C. WARREN, M.D.
RUFUS WYMAN, M.D.
GEORGE C. SHATTUCK, M.D.
JACOB BIGELOW, M.D.
WALTER CHANNING, M.D.

GEORGE HAYWARD, M.D.
JOHN RANDALL, M.D.
ENOCH HALE, M.D.
JOHN WARE, M.D.

At the Annual Meeting of the Committee, on Wednesday, August 1, 1838, a premium of fifty dollars, or a gold medal of that value, was awarded to Edward Warren, M.D., of Boston, for a Dissertation on the question, "What are the causes, seat and proper treatment of Erysipelatous Inflammation?"

The following Prize Questions for the year 1839, are before the public, viz. :—

1st. "The pathology and treatment of rheumatism."

2d. "What is scrofula? and what is its best mode of treatment?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1839.

The following questions are now offered for the year 1840, viz. :—

1st. "The pathology and treatment of typhus, and typhoid fever."

2d. "The pathology and treatment of medullary sarcoma."

Dissertations on these subjects must be transmitted, as above, on or before the first Wednesday of April, 1840.

The author of the best dissertation on either of the above subjects will be entitled to fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they have been received.

By an order adopted in the year 1826, the Secretary was directed to publish annually the following votes, viz. :—

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

ENOCH HALE, Secretary.

Publishers of Newspapers and Medical Journals throughout the United States are respectfully requested to give the above an insertion.

Boston, August 4, 1838.

Aug 8—4t

COLLEGE OF PHYSICIANS AND SURGEONS OF THE WESTERN DISTRICT, N. Y.

THE annual course of Lectures will commence on the first Tuesday of October and continue sixteen weeks.

On Midwifery,	- - - - -	WESTEL WILLOUGHBY, M.D.
On Chemistry and Pharmacy,	- - - - -	JAMES HADLEY, M.D.
On Anatomy and Physiology,	- - - - -	JAMES McNAUGHTON, M.D.
On Theory and Practice of Physic,	- - - - -	JOHN DELAMATER, M.D.
On Materia Medica and Medical Jurisprudence,	- - - - -	T. R. BECK, M.D.
On Principles and Practice of Surgery,	- - - - -	JAMES McNAUGHTON, M.D.

In consequence of the removal of Dr. Mussey to Cincinnati, the course on surgery will be delivered by Dr. McNaughton from the present session, and until the vacancy is filled by the Regents of the University.

Price of all the tickets, \$56.

The College possesses a valuable medical library, an anatomical museum, and an extensive collection of minerals. A large number of students can be accommodated with rooms in the college buildings, and good private rooms are to be had in the village, at a moderate expense.

It is believed that no medical institution in the country affords greater advantages at so moderate an expense. The situation of the institution is healthy, and students are not exposed to the many allurements to idleness and dissipation which interfere with study in larger towns. The whole expense of a full course, including board, needs not exceed \$100. By order,

JAMES HADLEY, Register.

N. B.—Ample opportunities for dissection are offered at a moderate cost, under the direction of the professor of anatomy.

Aug. 22—epit

MEDICAL INSTITUTION OF YALE COLLEGE.

THE course of Medical Instruction in Yale College begins on Thursday, November 1st, 1838, and it continues seventeen weeks. The several branches are taught as follows, viz.

Theory and Practice of Medicine, by	- - - - -	ELI IYER, M.D.
Chemistry and Pharmacy, by	- - - - -	BENJAMIN SILLSMAN, M.D. and LL.D.
Materia Medica and Therapeutics, by	- - - - -	WILLIAM TILLY, M.D.
Principles and Practice of Surgery, by	- - - - -	JONATHAN KNIGHT, M.D.
Obstetrics, by	- - - - -	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	- - - - -	CHARLES HOOKER, M.D.

The matriculation fee and contingent bill are \$7.50; the fees for Chemistry, Anatomy, Surgery, Materia Medica, and Theory and Practice, are \$12.50 each, and for Obstetrics \$6.00—amounting to \$76.00—the whole to be paid in advance. The graduation fee is \$15.00.

Yale College, Aug. 16, 1838.

A23—6w

CHAS. HOOKER, Secretary.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 134 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

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THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XIX.]

WEDNESDAY, SEPTEMBER 26, 1838.

[NO. 8.

DR. MARSHALL HALL ON PUERPERAL DISEASES.

[Continued from page 108.]

I NOW proceed to treat of *puerperal inflammation within the abdomen*.—Inflammation within the abdomen, as it occurs in the puerperal state, may be divided into three kinds; that which chiefly affects *the uterus and its appendages*; that which appears to be *general over the peritoneum*; and that which is *confined to a portion* of this membrane.

A distinction of still greater practical importance, is that between the acute and the insidious forms of puerperal inflammation of the abdomen. Sometimes the attack is distinctly characterized from the beginning; at others, it is of the most insidious character, perhaps to be referred back to a date anterior to parturition, or even apparently issuing out of mere labor-pain. These are points which require to be deeply impressed upon the mind of the young physician, in order that they may induce in him that degree of watchfulness, in regard to these diseases, which they so imperatively demand.

Inflammation within the abdomen, of whatever kind it may be, is only to be ascertained by the presence of pain, induced or aggravated upon pressure. This is the pathognomonic symptom of the disease. All the other symptoms are only accessory; and they are all, without exception, inconstant. In some insidious cases of abdominal inflammation the tenderness even is only discovered by a careful examination. And there is sometimes pain under pressure, when there is no inflammation. These remarks will, I trust, lead to the most careful examination of the abdomen, and of the symptoms in general, in every case of puerperal disease.

The acute attack of puerperal inflammation within the abdomen is frequently marked by rigor. This is frequently, in the worst cases, only slight. I cannot sufficiently enforce this fact upon the attention of my auditors. Some have imagined that there could be no puerperal inflammation of the abdomen without severe rigor; and they have generally supposed, that severe rigor necessarily supposes an attack of inflammation. I can most unequivocally attest that both these opinions are erroneous, and contradicted by facts.

I would make precisely the same observations in regard to great heat of surface or fever. I have known many instances of acute puerperal inflammation within the abdomen unattended by heat of skin, and many

cases resembling inflammation, but not in reality inflammatory, in which the heat of surface was extreme.

Frequency of the pulse is not a less uncertain indication of inflammation. I am enabled to say, from careful observation, that the pulse is but little accelerated in many cases of puerperal inflammation within the abdomen, whilst it is excessively and even alarmingly frequent in some cases in which inflammation does not exist.

In regard to pain and affection of the head, they are by no means essential attendants upon puerperal inflammation of the abdomen, in its first stages; but, on the contrary, appear to me to denote another and different kind of morbid affection, to be described hereafter, which may exist alone, or as a complication of inflammation.

Pure puerperal inflammation of the peritoneum is to be ascertained by an attentive examination of the abdomen. There is either pain increased upon pressure, or tenderness discovered upon pressure; and this is either general over the abdomen, or confined to the hypogastric region; or, lastly, in cases of partial peritonitis, to some other part of the abdomen. With the pain or tenderness there is frequently either general tumidity of the abdomen, or a local hardness; in the latter case it is frequently such as to denote an enlarged and inflamed condition of the uterus; but it occasionally arises from an affection of the ovarium, or from partial inflammation and suppuration of the peritoneum.

There are sometimes, and only sometimes, sickness and vomiting; there are also, in some instances, a suppression of the lochial discharge, and a flaccid state of the mammæ. But I do not think the precise cases, in which these effects do or do not occur, have been distinctly ascertained by the observation of a sufficient number of facts.

In pure puerperal inflammation of the abdomen, there is not necessarily much rigor, heat of skin, load of the tongue, affection of the head or great frequency of the pulse; there is, on the contrary, in many instances, only a slight degree, or even an entire absence of rigor, little or no heat of surface, or whiteness of the tongue, little frequency of the pulse, and no affection of the head; but the countenance, manner and respiration, usually become highly characteristic.

I long ago observed, that inflammation within the abdomen was attended and denoted by a peculiar expression of the countenance; and I find the remark confirmed and stated in still more emphatic language by the celebrated and lamented M. Laennec. Puerperal inflammation within the abdomen is marked by an expression of extreme pain and anxiety in the countenance; the brow is contracted, and the upper lip is drawn upwards in a peculiar and characteristic manner, and bound round the teeth, or rather gums. These appearances are increased on pressing upon the abdomen, or they are observed at that moment, if they had not been manifest before. The countenance is generally pale, and rather sunk, but with partial heats.

The manner of the patient is much changed, and has become expressive of suffering and anxiety. The movements of the body are attended by pain, and are, therefore, suppressed; or, if performed at all, it is with an expression of suffering in the countenance and of caution in the man-

ner; and there is an appearance as if the body had become heavy and helpless.

The respiration becomes rather hurried and anxious, and it is performed principally by movements of the thorax, those of the diaphragm and abdomen being more or less, sometimes completely, suppressed—a circumstance which gives great peculiarity to the appearance of the breathing. Sometimes there is considerable heaving of the chest, with some hurry, some noise from the ingress and egress of the air, and sometimes with a sort of blowing; this state of the respiration is attended by the utmost danger, being frequently one of the first symptoms of the sinking state, of which I shall have to speak immediately, and to which I wish earnestly to call the attention of my auditors.

The general surface is generally a little increased in temperature, and there is, frequently, perspiration. The pulse is at first only moderately frequent, but gradually becomes more so, and it is often small and apparently feeble.

I have already alluded to the occasional occurrence of sickness and vomiting. The abdomen is frequently tense and tumid, as well as tender under pressure; this is an affection to be anxiously watched; it sometimes increases to a state of complete tympanitis. The state of the bowels is very various; there is by no means always constipation; sometimes there is diarrhœa, with or without the discharge of mucous stools.

Instead of general tumidity of the abdomen, there is frequently a distinct tumor with tenderness in the region of the uterus, in the iliac region, or in some other region of the abdomen, leading to the suspicion of an especial affection of the uterus or ovarium, or of a partial inflammation and suppuration of the peritoneum.

I propose to ascertain, hereafter, the state of the lochia, and of the mammæ, in cases of pure and unequivocal inflammation in the abdomen in the puerperal state. I do not think these points have been determined in an explicit manner, because I believe that several other affections, of a different nature, have been confounded with inflammation, and that the symptoms and effects of these different diseases have been blended and confounded together, both in practice and in medical writings upon the subject.

I have thus described the most usual form of puerperal inflammation of the abdomen in its commencement. I do not think it either possible or profitable to divide the disease into distinct stages. But it is quite incumbent upon the practitioner to trace the usual changes which are observed in this disease. These are—first, a gradual amendment; secondly, a gradual exasperation of the disease; and, thirdly, the super-vention of the state of “sinking.”

Little can or need be said upon the two first of these changes. Every appearance of a return to a healthy state of the functions and general appearances of the patient will raise our hopes; but there are no points of so much importance to be watched as the expression and condition of the countenance, the manner and the state of the abdomen. No apparent amendment is to be at all depended upon, unless it has continued and been progressive for four-and-twenty hours; this is a caution of great

importance to the young physician, in guiding him in his expressions in regard to the prognosis. And even in the most favorable cases, the further progress towards recovery is to be watched with the utmost care and precaution.

In the less favorable cases, the countenance becomes more and more altered, the pulse more and more frequent, the abdomen more tender and tumid; the manner and muscular powers of the patient appear overwhelmed; the respiration becomes more heaving, and, as I have usually termed it, "blowing," being somewhat audible, a condition of the breathing always attended by the utmost danger. At this period, too, there is often some degree of delirium, alternating, perhaps, with slight dozing, and there are, generally, restlessness and jactitation, and the patient cannot bear the arms to be covered.

At this period, too, the tongue is frequently loaded and more foul, and sometimes dry; the bowels are variable, frequently flatulent and loose. The mammae are flaccid, the lochia suppressed; the skin is clammy and wet, if not cold, the hands and wrists are often livid, and the feet cold.

This description of symptoms applies to the case of general inflammation of the peritoneum. The more partial cases of peritonitis continue longer, and affect the constitution less, and less rapidly. In some instances the integuments over the seat of inflammation have become tumid and inflamed, and an issue has at length been effected for the subjacent pus, the abscess has afterwards collapsed and healed, and the patient has slowly but finally recovered. This opening frequently takes place about half way between the umbilicus and spinous process of the ilium. In other instances, the matter has been evacuated by the rectum, and in some rare examples, by the bladder. In other cases the abscess has not been evacuated during life; but the patient has gradually emaciated, and the health and strength have failed; there have been great frequency of the pulse and hectic, and the disease has at length, though perhaps very slowly, proved fatal. It has, however, occasionally happened that the effused fluid has been re-absorbed and the fatal event averted.

But the acute form of puerperal peritonitis sometimes issues in a state of sudden sinking of the vital powers. The change and symptoms are such as have frequently led to the suspicion of gangrene having taken place. But no such appearance is observed on examination after death.

This state of sinking is usually rather abrupt in its manifestation. The patient may be left, not without hope, the preceding night, but on being visited the ensuing morning, is found to have passed into a state of hopeless sinking. The pain has ceased, but the tumidity of the abdomen is augmented; the brain is in a state of low stupor, the breathing is attended by heaving and blowing, the skin of the arms and hands is cold, clammy and livid—the livid color only partially disappearing on pressure—the pulse is thready and excessively frequent, the countenance is altered and sunk; the patient may be roused, but is then, perhaps, unconscious of pain, and expresses herself as being relieved; the hands

are kept out of bed ; sometimes there is cough, and the feet are livid and cold.

The morbid appearances usually induced in cases of inflammation of the uterus and of the peritoneum are well known.

In inflammation of the uterus, there are, in different instances, exudations of serum, of coagulable lymph and of pus from its surface ; its substance is sometimes enlarged, softened, infiltrated with pus, or the seat of distinct abscesses ; and its internal surface is frequently morbidly red, and the source of various discharges. The appendages of the uterus are frequently the seat of similar morbid appearances.

The peritoneum, when inflamed, pours out serum, coagulable lymph, or pus ; and its different surfaces are apt to be variously glued together. Frequently the intestinal canal is found distended to the utmost, as before death, by *foetid* gases.

In some instances pus is effused and deposited in various parts of the peritoneum, being confined by the adhesion of contiguous portions of this membrane.

There is no part of the peritoneum, and no viscus in the abdomen, which may not become the seat of puerperal inflammation, and of the consequent changes of structure. The parts most frequently affected by puerperal inflammation, however, are the organs contained within the pelvis—the uterus, its appendages, the rectum, the bladder, and the peritoneal lining of the pelvis ; and then the peritoneum in general. In an interesting case, published by Dr. Ley, the spleen was found to be a principal seat of disease.

I have been brief in my account of the morbid appearances in puerperal inflammation within the abdomen, because I had nothing novel to offer upon this point. I have long wished and still hope to possess more ample opportunity of comparing the symptoms with the morbid anatomy, in this interesting class of disease.

I now proceed to state the treatment of puerperal inflammation.

And I would observe, in the first place, that nothing can be trusted to, to save the patient, but the most ample bloodletting ; and, in the second place, that nothing should preclude the use of this remedy but the actual existence of the state of sinking. In regard to the measure, and the repetition of the bloodletting, many points must be taken into consideration. The earlier, and the more fully, this remedy is employed, the more efficacious and the safer it is, and the safer is its full repetition.

There is one point which I must emphatically repeat ; it is, that the bloodletting should, in this disease, ever be performed, the patient being in the erect position ; and it may then, in general, be safely carried to deliquium. I do not recommend this mode of proceeding with the view of producing deliquium merely ; but also, that this deliquium may serve as a guide in judging of the extent to which we may carry the depletion. If the patient be sitting upright, and faint by the loss of blood, we have a security and remedy against any danger from this event in laying the patient low. But if deliquium be induced by bleeding the patient in the recumbent position, I cannot say that I think it will always be without danger. I think the plan which I have proposed at once far more safe,

as well as far more efficacious in subduing this disease. If it were requisite, the patient's head might be laid even lower than the rest of her body.

The same rule may apply for the repetition of the bloodletting. If the fullest effect is desired which the patient can safely bear, let her be bled to syncope in the erect posture. She will faint from losing a larger or a smaller quantity of blood, precisely in the inverse proportion of the previous exhaustion; the state of syncope will not only warn us to desist from drawing more blood, but will arrest the flow of blood itself, just at the point when the patient can bear to lose no more.

This is a most important criterion for the employment of a most powerful remedy. I do not by any means wish it to be understood, that it is always safe to bleed to deliquium in the erect posture; but that, when it is determined to bleed, it is important to have the boundary, which it would be unsafe to pass, at least clearly defined. Sometimes the patient will faint on being merely placed upright; is it then, ever, and in what particular cases, safe to bleed?

The next question is in regard to topical bloodletting. And I think there is one important rule for the adoption of this remedy. It may, of course, be enjoined to be done immediately after general bloodletting. But it is particularly useful in those cases, in which the system is obviously subdued by the general bloodletting, and yet the inflamed part remains tender under pressure. In such cases, leeches, or, still better, cupping, if it be properly and tenderly performed, will prove a most useful remedy.

It is quite unnecessary to state the utility, or rather the necessity, for the administration of purgative medicines in this disease. There is good reason to suppose that some cases have been subdued even by this remedy alone. And the efficacy of purging in conjunction with bloodletting is quite undoubted. A constant catharsis should be kept up, indeed, until the disease is completely subdued.

In cases in which there is great tympanitic distension of the abdomen, an injection of warm water sometimes succeeds in inducing evacuations of flatus, which greatly relieve. I have sometimes thought that still more effectual relief, of the same kind, might be obtained by the introduction of a flexible tube, properly pierced, high into the large intestine.

Much and important relief may also be afforded in some cases, in which suppuration has taken place, by giving exit to the pus, when it plainly fluctuates and approaches the surface.

Blisters also are of great service in those cases of this disease which are not attended by much heat or irritability. But in other cases they have appeared to me to add to the patient's sufferings, to prevent sleep, and to do harm by leading to a state of exhaustion.

There are still three other powerful remedies, of which I wish to make a cursory mention in this place.

The first is the plan of emetics, which is well known to have been so successful in the hands of M. Doulcet, of Paris.

The second is the *spiritus terebinthinæ*, recommended by Dr. Brennan, of Dublin.

And the third is the attempt to induce a state of pyalism, by mercurial medicines and inunctions.

Of emetics, but especially of the spiritus terebinthinæ, I would observe that, like purgative medicines, they have doubtless been used successfully in many cases; but I much suspect that many of these cases were not inflammation, but intestinal irritation.

As it is not my object, in this course, to give a systematic account of what has been written by others, but only the result of my own observations, I here beg to refer you to the different publications upon puerperal diseases, in regard to the two first of these subjects. Of pyalism, I would merely observe, that it deserves a trial; it is one of those measures which are most powerful, and yet, generally, unattended with risk, and it would by no means preclude the adoption of every other more prompt and efficient mode of treatment. If adopted early, it might prevent some of those protracted states of the disease, which occasionally occur and wear out the patient.

I need scarcely observe, that during the existence of inflammation the patient should be allowed, absolutely, nothing but tea or gruel in the smallest quantities.

In some cases in which the pain is not severe, but the tension of the abdomen great, continued but extremely light frictions of the abdomen have done great good. They may be followed by the application of a cold lotion, and by fomentation of the feet.

In cases of pure inflammation, I do not think the use of opium desirable. The pain must be subdued by bloodletting; and everything that, by masking the pain, can divert our minds from the use of this remedy, involves danger to the patient. And there are seldom those symptoms of constitutional irritation which require the use of opium, until the inflammation has subsided. In mixed cases, I think the use of opium, especially after bloodletting, may be both necessary to subdue constitutional irritation, and beneficial in the cure of the disease.

[To be continued.]

DYSENTERY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Elderly men are always pleased when they find their notions and observations confirmed by the experience of others. Upon this principle I have been highly gratified by reading Dr. Gerhard's Lecture on Dysentery, in a late number of the Journal. The disease, unquestionably, varies greatly in different epidemics, and often very strikingly in degree, in the same epidemic, in different persons. In those localities where entonic fevers are common, I have no doubt but that dysentery, especially in the beginning, may have an entonic character. This accounts for the free use of antimonials, neutral salts and other refrigerants, holding at times so high a reputation in this disease. The same may be said of early depletion by the lancet. I am inclined to think, however, that sthenic dysentery, in reality, is much rarer than the student would

be apt to infer from the great majority of writers. From a pretty close observation, and considerable practice, for towards forty years, I have never met with a single, decidedly, entonic case. Nor have I met with any one case, in which it did not appear to me that opium was indicated. I have found it proper to keep the patient under its influence, so as to mitigate, control or subdue pain, tenesmus and other symptoms, in every stage of the complaint. In fact, I have considered opium as the main remedy, the *sine qua non*.

However, opium rarely, if ever, is alone to be depended on, but requires various adjuvants, according to circumstances. In many cases, particularly in the beginning of the disease, a full dose of opium, and a cathartic dose of calomel, may be given at the same time, and after the purgative operation, calomel in small doses, combined with opium, may be continued a day or two, or sometimes longer, as an alterative, to change the morbid condition of the viscera, or of the system in general. But in dysentery attended by an ataxic fever, calomel, in any form, as well as anything that may produce a *full* catharsis, is generally worse than useless.

When the skin is hot and dry, opium is usually qualified by as much ipecacuanha as can be taken without nauseating, or running freely off from the bowels. Mischief, however, is often done with ipecacuanha, as well as with calomel, by employing it too much, and too long.

In some cases, where the tongue and mouth are dry, the mineral acids, especially the nitric, are found to be valuable adjuvants to opium.

Sugar of lead, at a proper stage, often does well; and every one knows that this is the case with vegetable astringents, and other tonics. But they can, none of them, be depended on, unless they are assisted by a pretty *regular* and free use of opium.

It is not my design, however, to notice all the valuable adjuvants of opium. My principal intention in this communication is to point out a particular auxiliary, which is not much known in many parts of this country, and is entirely overlooked in Dr. Gerhard's valuable lecture.

Perhaps in almost every case of atonic dysentery, where opium, astringents, tonics, wine, alcohol and other diffusible stimulants fail of producing their customary effects, *capsicum* is the best adjuvant that opium can have. It very rarely fails to make the other remedies take hold. In the case mentioned by Dr. Gerhard, in which opium and sugar of lead were given every hour for two days, without making much if any impression, I am confident, that if a grain of capsicum had been combined with each dose of the lead and opium, a happy effect would have been perceived within four or six hours. Within the last three weeks, I have seen a formidable case of dysentery, apparently desperate, yield, within a day, to a pill of opium and capsicum, a grain each, given every two hours. One or two enemata of laudanum, to palliate the tenesmus, were administered. Milk porridge was used for food, and a moderate quantity of brandy and water was the principal drink. This was about all the treatment, besides common nursing. As far as I am able to judge, this patient would have unquestionably failed, without the assistance of the capsicum. Possibly a judicious combination with the

warming and pungent essential oils, might have answered the same purpose; but I am almost certain that the common aromatics would have been of little or no avail.

I hope these remarks may happen to meet the eye of Dr. Gerhard, because I want to have such an able physician, as he unquestionably must be, judging from his very lucid lecture, as well as from his eminent station, give capsicum and opium a fair trial, in low or obstinate cases of dysentery and diarrhœa. I would also wish to turn his attention to the same combination, in ataxic fevers, and more especially in passive hæmorrhage from any part of the body. In hæmorrhage, I usually employ a pill of one grain of opium, with one or two grains of the sugar of lead, and the same quantity of capsicum.

No one will mistake, by supposing me to recommend the indiscriminate use of opium, capsicum, or any other remedy, in any particular disease. No article in the whole materia medica, perhaps, requires such skill and close observation, to do it perfect justice, as opium. It is the sheet anchor in dysentery; but without the assistance of other means, it is rarely sufficient to protect the vessel. Capsicum is more unfrequently indicated; but when it is necessary, it needs not such close watching as opium, calomel, ipecacuanha and some other articles. A grain or two, more or less, is often of no very great consequence.

Yours, very respectfully,

Middletown, Ct., Sept. 17, 1838.

THOMAS MINER.

YELLOW FEVER AT CHARLESTON, S. C.

THE following notice of the yellow fever, now prevailing at Charleston, S. C., is extracted from a letter written by Dr. De Saussure, of that city, to a medical friend now at Philadelphia. We hope to receive a more detailed account of the symptoms, treatment, and statistics of this fever from the same source; in the meanwhile, our readers will find this notice of the fever extremely interesting—coming as it does from a well-educated and careful observer.—*Philad. Med. Examiner.*

“Native children are now beginning to be attacked. The disease has not, however, increased as rapidly as its commencement threatened. The first cases were fatal to a most alarming degree. Out of twenty or thirty which I either saw or heard of, not one recovered. Of these, one was a patient of my own, a young man aged twenty-three. Since that time the disease has varied very much; some of the cases are distinct yellow fevers of a single paroxysm, others assume a remittent and milder form. I find great difficulty in taking notes of the cases, as the patients enter the hospital after the fever has gone off, and then there is scarcely anything to note; gradual prostration, injected eyes, yellow skin and black vomit forming all the symptoms.

“I have seen no petechiæ, rose colored spots or sudamina. In most of the first cases a single paroxysm of fever was distinctly marked with violent pain in the head, back and limbs, injected eyes, great oppression at the præcordia, and, sometimes, irritability of stomach. Of these

symptoms, the three first are especially characteristic of the disease. After the hot stage, which lasts from ten to seventy or eighty hours, the fever goes off, leaving a hot skin, slow, small pulse, great thirst and injection of the eyes, anxiety of countenance, tongue dry, red and swollen, covered with a dark fur, and, sometimes, delirium. Black vomit now comes on, with numerous stools, consisting of a similar liquid. The pulse sinks, the skin becomes cold and of a dark yellow color; delirium goes off, the patient feels easier, lies quietly on his back, says he is well, and dies. On examination, after death, we find violent inflammation of the stomach, sometimes engorgement of the liver; the gall-bladder filled with a greenish-black bile, of the consistence of tar; the other organs are healthy, but the blood is very fluid and has entirely lost its consistence.

"I have not seen a case of typhous fever. Those which are sometimes called here by that name, are malignant remittent fevers, without delirium, injected eyes or foul tongue. There is no diarrhœa, and no change in the appearance of the skin. In several of the cases the fever subsided and left the patient apparently convalescent. At the end of two or three days it returned, accompanied by diarrhœa and sudamina, and, in one case, the diarrhœa was attended with such copious discharges of blood from the bowels as quickly to destroy life.

Charleston, August 31, 1838."

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 26, 1838.

PHRENOLOGY VINDICATED.*

THAT indefatigable man, Dr. Charles Caldwell, whose spirit seems to have no rest—whose powers are always active, and whose literary labors are characterized by originality of thought as well as vigor of expression—has written an essay of 113 pages, duodecimo, bearing the title of "*Phrenology Vindicated and Anti-phrenology Unmasked*," the whole pith and bearing of which is to prove, by a chain of irresistible facts, that Dr. Thomas Sewall, of Washington, the author of an "*Examination of Phrenology*," in two lectures, is a professor whose knowledge is limited, and whose two efforts were the emanations of a prejudiced mind and a small intellect.

The New York Phrenological Society, it appears, took a fatherly interest in the manuscript as soon as it was ready for the press. Four resolutions were passed—one of which was, that "we have heard, with much pleasure, of the arrival, in this city, of Professor Charles Caldwell, the accomplished expounder and able defender of phrenological science," &c. "Resolved, that we have also heard, with like satisfaction, that Dr. Caldwell has prepared a reply to two published lectures of Dr. Sewall, and to other anti-phrenologists, and that we respectfully solicit of

* *Phrenology Vindicated, and Anti-phrenology Unmasked*, by Charles Caldwell, M.D. New York, Samuel Colman. 1838. p. 156.

him the manuscript of the same for publication." Thus, no sooner were the materials of this thorough-going escarotic mixture of words and things satisfactorily compounded, than it was seized upon with avidity, not, we apprehend, because it contained anything novel in doctrine, but because it was imagined by some one, with vindictive complacency, that it would blow Dr. Sewall's reputation into indiscernible atoms. Nothing short of Dr. Sewall's utter professional annihilation seems to have been contemplated. Dr. Caldwell, without apology, accuses Dr. Sewall of "*plagiarism, literary garbling and perverted quotations*," and unless the latter gentleman can show that the statements made by his excited antagonist are also perverted and untrue, he will find himself in a most awkward predicament, which might be denominated, with good show of reason, a phrenological purgatory.

Each page shows the classical scholar; and each exhibits, too, the haughty, uncompromising zeal of one who is conscious of being what he has the reputation of being—a profound investigator, and an unyielding foe in controversy. Happily, we cannot discover who is right or who is wrong in the affair—and, what is personally very comforting, we shall neither glory in the triumph of the one, or mourn over the downfall of the other. If any one could calmly maintain his equanimity under the provoking lash of such language as the following, and not make an attempt to vindicate his character, he would be undeserving of pity. "That Dr. Sewall may receive a foretaste of the manner in which his reputation will be dealt with by his long-incubated brood, I refer him to Milton's family picture of Satan, Death and Sin. He will there see depicted, in suitable colors, strength and hatefulness, the issue of a studied and stubborn infringement of the commands of Heaven. And no trait in the appalling character of the fallen Arch-angel, was more sinful in itself or more odious in the eye of his offended Creator, than his hostility to *truth*, which procured for him the appellation of the FATHER OF LIES."

Nothing would be gained to our readers, were more liberal extracts introduced to our pages. Those who innately love to tread the battle ground, on the score of gratifying the organ of combativeness, must read the book for themselves. Without a dissenting voice, we believe there will be an uniformity of opinion in this, viz. that it is decidedly a revengefully devised personal attack, not at all justifiable, and totally inexcusable. Because Dr. Sewall disbelieves in phrenology—honestly, too, we doubt not—one of its ablest advocates and most talented expounders pounces upon him with the fury of a tiger and the malice of a fiend.

Within the same cover are two other distinct productions. One is called Reese's Humbug; and the other, a Valedictory Address to the Medical Graduates in Transylvania University, delivered March 15th, 1837—to be especially noticed hereafter.

Harvard University—Massachusetts Medical College.—The degree of Doctor in Medicine was conferred on the following gentlemen of the Medical Class, on Commencement Day, August 29th, 1838.

Daniel Lucius Adams, A.M., *Purulent Ophthalmia*.

Thomas Samuel Blood, *Inflammation of the Mouth*.

Edward Bradstreet, A.M., *Apoplexy*.

Thomas Mayo Brewer, A.M., *Secale Cornutum*.

John Abner Briggs, A.M., *Carcinoma*.

William Ward Cutler, A.B., *Organic Life*.
 Samuel Runell Gerry, Jr., A.M., *Pneumothorax*.
 Nathan Griggs Goffe, *Pathology*.
 Henry Lyon, A.M., *Moxa*.
 Samuel Mack, A.M., *Hernia*.
 Olivier Robitaille, *Typhous Fever*.
 James Stone, Jr., A.M., *Croup*.
 Nathaniel Saville Tucker, A.M., *Inflammation of the Kidney*.
 William Williamson Wellington, A.B., *Smallpox*.
 Benjamin Hussey West, A.M., *Hernia*.

The following is a list of graduates for the same year at the semi-annual examination, February 1st, 1838.

Samuel Sumner Bugbee, *Pneumonia*.
 James Freeman Colman, A.B., *Counter-irritation*.
 Charles Cutler, *Pneumonia*.
 William Eustis, A.B., *Croup*.
 Morrison Oakes, *Asthma*.
 Samuel Parkman, A.B., *Fractures of the Thigh*.
 Milton Parker, *Wounds of the Chest*.
 Edward Strong, A.B., *Mortification*.
 Samuel Stillman Whitney, *Sounds and Impulse of the Heart*.
 John Harvey Wright, A.B., *Croup*.
 Albert Thompson Wheelock, A.M., *Cutaneous and Mucous Exudation*.
 Total, 26. WALTER CHANNING, *Dean of the Faculty*.
 Boston, Sept. 17, 1838.

Quackery in Rhode Island.—A correspondent, in Rhode Island, in a postscript to a letter, refers to several cases of recent occurrence in his vicinity, in which the results of ignorant and improper medical treatment were apparent. He says :—

“ I have been attending, within a few days, a woman sick with autumnal fever. Previous to 29th ult. she had been attended by a botanical doctor for five or six days, and by his treatment with hot remedies (‘ to raise the fever ’) she had become extremely restless, the fauces inflamed, the tongue red and stiff, and deglutition very difficult. She had made up her mind that she had swallowed fire as long as it was possible, and, die or live, she must give it up. She is now recovering under regular treatment.

“ Mrs. L. C., of this town, died on 25th ult. from strangulated femoral hernia. For three days from commencement of complaint she was treated with lobelia, composition powders, cayenne, hot enemata, &c., by a Thomsonian doctor, without relief, but with great aggravation of the complaint. The Thomsonian did not know, or even suspect, the nature of the woman’s complaint. The sin of ignorance is winked at not as it should be in these days of light and knowledge. It was thought by the physicians who were called to see the woman, three days before her death, that proper treatment at the commencement would have been accompanied with an easy reduction of the hernia, and speedy relief of the patient ; and the prolongation of the valuable life of a mother, a wife and a kind neighbor, would have been the happy result.”

Animal Magnetism is all the rage in London. Dr. Elliotson has a *prima donna* at the University College Hospital—one Elizabeth O’Key

—whose exhibitions in the mesmerized state are attended by wondering crowds. Indeed we should think the somnambule quite a rival to some of the less popular actors at the metropolitan theatres ; though, it must be confessed, some little time would be necessary to accustom the London fashionables to wend their way to the College Hospital instead of Drury Lane, for amusement. On the score of decency, also, the latter must be the least exceptionable ; for the vulgar profanity which is detailed in the *scientific* report of these exhibitions, as the language of the girl, is most offensive. It would likewise seem that there is some little danger attending these exhibitions, as we notice that in one of them, while in a fit of extreme anger, her right leg was kept mesmerized, so that she could not use it, on account of the spectators fearing that she would fly at them ! She is represented, however, as sufficiently gentle and modest when in her natural state ; and if so, evidence certainly exists either of gross deception or of some wonderful effect produced by the operator. We cannot now refer to all the experiments which have been tried on this girl and her sister, both of whom were patients of the hospital ; but that they are marvellous enough, those who have read descriptions of similar exhibitions will not doubt. Catalepsy seems to have been easily produced, and not only by the usual manipulations, but also by means of magnetized water. The water would first produce catalepsy, and then a sleep, from which she could only be awakened by the joint efforts of all who assisted in magnetizing the water. She has the power, according to the report, to foretell occurrences relating to her disease and to her sleeping fits—one instance of which is given, when a fortnight intervened between the prophecy and its fulfilment. Indeed there would seem to be no bounds either to the power of Dr. E. in producing the magnetic phenomena, or to the variety and extent of the patient's capacity while under their influence.

Camphor Mixture in Dysentery.—The following is the formula for the composition of the medicine known as Hope's Camphor Mixture, and which was alluded to in Dr. Gerhard's lecture on dysentery, lately published in this Journal. R. Acidi nitrosi, f3i. ; mist. camphoræ, f3 viij. Misce et adde tinct. opii, gtt. xi. Sig. One fourth part to be taken every three or four hours. Dr. Meigs, in the last number of the Philadelphia Medical Examiner, says that he has had much success in the use of this mixture in cases of dysentery. He has also found it useful in cholera, ordinary cholera morbus, diarrhœa and cholera infantum. Mr. Hope considered that no previous preparation was required for its exhibition in cases of chronic dysentery. The dose of two ounces three times a day was quite sufficient. The hands and feet should be kept warm while using the medicine, and the body preserved from currents of air. Warm barley water or thin gruel, and a diet of sago or tapioca, may be used at the same time.

Hydrophobia.—A correspondent, a physician, wishes us to insert the following statement :—"He was called to see a stout young man on the second day of an attack of hydrophobia, who had been bitten by his own dog about four weeks previous to the attack. He died the following day. Two other persons had been bitten at the same time by the same dog ; they were much alarmed at witnessing the above-mentioned

case, and consulted the writer, who adopted the following plan:—the bitten, or rather the parts ulcerated by the bites, were kept open by means of *ung. sabinæ*. The system was kept free by means of aperients. *Pilulæ hydrargyri* of five grains, were given to the extent of from ten to fifteen grains per diem, in order that those glands which in the canine species show the peculiarity of their system, might be for some time affected. This plan was continued, in both cases, for four or five weeks, and about the end of that time the ulcers healed very kindly, though the *ung. sabinæ* had been used the whole time. These two individuals have continued to enjoy good health. Not long after this, the writer was called to visit a young woman, eighteen years of age, who had recently been bitten by a mad dog. While she was feeding two young pigs, the dog, in passing, bit them both, and they both became mad. The writer calmed her fears—requested a surgeon to incise the bitten part and bleed her freely at the arm. Aperients were given for two days, and the same plan was followed as in the above detailed cases. The young female has been in good health ever since.”—*London Lancet*.

Antidote against Arsenic.—We have already given an account of the experiments made with hydrated peroxide of iron, as an antidote for arsenic, and their results. The following is a remarkable example of the efficacy of this means.

A baker finding the food prepared for his pigs was devoured by the rats, mixed up four ounces of arsenic with a quantity of flour and placed it in the troughs, having previously locked up his two sows in a place of safety. The animals, however, having broken open the door, eat up the whole of the flour, and were immediately seized with symptoms of poisoning. Two medical gentlemen in the neighborhood, being made acquainted with the circumstances, mixed up from two to three pounds of the peroxide with water and flour, and gave it to the pigs, who drank, with avidity, about one half, but refused to take the rest. The animals were now laid upon the ground, and a pound of the antidote was forced down their throats. The remedy was administered, in the same quantity, at two different times, and although the animals continued in a feeble state for fifteen days, they ultimately got quite well.

We trust the recital of this case will not be thrown away, but that all apothecaries and druggists in the country will provide themselves with a remedy which, when timely administered, is a certain antidote to the most commonly employed of poisons.—*Journ. de Pharm.*

Anatomical Appointment.—Joseph Roby, M.D., late lecturer on Anatomy and Surgery in Bowdoin College, Me., has recently been elected by the Board of Trustees and Overseers, professor of Anatomy and Surgery.

Mr. Combe.—This celebrated writer and lecturer on phrenology, who resides in Edinburgh, is expected to arrive in Boston in about a week. His first course of lectures will probably be delivered in this city.

Nitrate of Silver is recommended to be rubbed on frost-bites.

TO CORRESPONDENTS.—Our two next numbers will contain a valuable report from the Surgical Department of the Massachusetts General Hospital, and will be published together next week.—The Medical Essays from one of our respected Southern correspondents, and Dr. Davenport's operation on the eye, will receive early attention.

DIED.—In Springfield, Mass., Dr. John Stone, aged 74.—In East Greenwich, R. I., Dr. Charles Eldredge, 56, formerly President of the Rhode Island Medical Society.—In Roxbury, Ms., Dr. Theodore L. Webb, of Michigan, 30.

Whole number of deaths in Boston for the week ending September 22, 38. Males, 20—females, 18.
Consumption, 6—canker, 1—bowel complaint, 3—marasmus 1—dysentery, 6—epilepsy, 1—palsy, 1—typhous fever, 2—teething, 2—cholera infantum, 2—infantile, 3—throat distemper, 1—inflammation of the lungs, 1—accidental, 1—bilious fever, 1—canker in the bowels, 1—dropsy on the brain, 1—old age, 2—cancer, 1.

MASSACHUSETTS MEDICAL SOCIETY—COUNSELLORS' MEETING.

A stated meeting of the Counsellors of the Massachusetts Medical Society will be held at the Society's Room, Athenæum Building, Pearlstreet, on Wednesday, October 3, at 11 o'clock, A.M.
S. D. TOWNSEND, Recording Secretary.

Sept. 26—2w

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

The Lectures in this Institution will commence on the first Monday in November, and continue for four months.

J. AUGUSTINE SMITH, M.D., Professor of Physiology.

ALEXANDER H. STEVENS, M.D., Professor of Clinical Surgery. (Lectures at the New York Hospital.)

JOSEPH MATHER SMITH, M.D., Professor of the Theory and Practice of Physic and Clinical Medicine.

EDWARD DELAFIELD, M.D., Professor of Obstetrics and the Diseases of Women and Children.

JOHN B. BECK, M.D., Professor of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Professor of Chemistry and Botany.

JOHN R. RHINELANDER, M.D., Professor of Anatomy.

ALBAN G. SMITH, M.D., Professor of the Principles and Practice of Surgery.

ROBERT WATTS, JR., M.D., Lecturer on Special Anatomy.

The expense of attending a course of Lectures by all the Professors, is \$108.

Attendance upon two complete courses of Lectures is necessary to entitle the student to present himself for graduation, one of which must have been attended at this College. He must also have studied medicine three years, and attained the age of twenty-one years.

Two opportunities in each year are afforded for graduation; one on the first Tuesday in April, and one on the last Tuesday in October.

The examination of Candidates for the Spring graduation commences on the first of March, and for the Fall graduation on the 2nd Tuesday in September.

College Building.—During the last year, the new and extensive College edifice in Crosby Street has been completed. In its construction, no effort has been spared to provide within its walls every accommodation that may be necessary for carrying on the business of instruction in the various departments of Medical Science, and it is believed that in no one respect will it be found wanting in the great objects for which it was designed. To the planning of the Anatomical part of the building, especial attention has been paid, with the view of furnishing every convenience and accommodation that may be required for teaching Anatomy, as well as for private dissection. In addition to the public dissecting room, a number of smaller rooms have been fitted up, where Anatomical investigations may be pursued in a more retired and private manner.

New York Hospital.—This Institution accommodates about two hundred and fifty patients, and presents every variety of disease and accident to which the human frame is liable. Situated in the very heart of the city, and within a few minutes walk of the College, it possesses the great advantage of being easy of access, without any loss of time, and the students have daily opportunities of witnessing the practice of the house.

New York Ear and Eye Infirmary.—The average number of patients who resort annually to this Institution, for professional advice, amounts to upwards of one thousand. It thus furnishes the amplest field for observation and instruction in the various diseases of the Eye and Ear. It is opened gratuitously to the students of the College.

J. AUGUSTINE SMITH, M.D., President.
N. H. DERING, M.D., Registrar.

New York, June 25, 1838.

Aug 29—tN1

MEDICAL INSTITUTION OF YALE COLLEGE.

The course of Medical Instruction in Yale College begins on Thursday, November 1st, 1838, and it continues seventeen weeks. The several branches are taught as follows, viz.

Theory and Practice of Medicine, by	- - -	ELI IVES, M.D.
Chemistry and Pharmacy, by	- - -	BENJAMIN SILLIMAN, M.D. and LL.D.
Materia Medica and Therapeutics, by	- - -	WILLIAM TULLY, M.D.
Principles and Practice of Surgery, by	- - -	JONATHAN KNIGHT, M.D.
Obstetrics, by	- - -	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	- - -	CHARLES HOOKER, M.D.

The matriculation fee and contingent bill are \$7.50; the fees for Chemistry, Anatomy, Surgery, Materia Medica, and Theory and Practice, are \$12.50 each, and for Obstetrics \$6.00—amounting to \$76.00—the whole to be paid in advance. The graduation fee is \$15.00.

Yale College, Aug. 16, 1838.

A29—6w

CHAS. HOOKER, Secretary.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry, by DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica, " DR. WARE.
On the Principles and Practice of Surgery, " DR. OTIS.
On Anatomy, " DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct. 18—1f

HARVARD UNIVERSITY—MEDICAL LECTURES.

THE Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by - - - - - DR. J. C. WARREN.
Midwifery and Medical Jurisprudence, by - - - - - DR. CHANNING.
Materia Medica and Clinical Medicine, by - - - - - DR. BIGELOW.
Principles of Surgery and Clinical Surgery, by - - - - - DR. G. HAYWARD.
Chemistry, by - - - - - DR. WEBSTER.
Theory and Practice of Physic, by - - - - - DR. WARE.

Circulars of the Medical and Surgical Practice of the Hospital may be had of the Dean.

Boston, July 23, 1833. Aug 1—tN WALTER CHANNING,
Dean of the Faculty of Medicine.

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield, M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 3. lyreop LOWE & REED,
24 Merchants Row, Boston.

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by - - - - - DR. BIGELOW.
On Anatomy and Surgery, by - - - - - DR. REYNOLDS.
On Midwifery and Chemistry, by - - - - - DR. SIOBER.
On Physiology and Pathology, by - - - - - DR. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1838.

Aug 22—ep3m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIX.]

WEDNESDAY, OCTOBER 3, 1838.

[NOS. 9 & 10.]

REPORT OF THE SURGICAL CASES AND OPERATIONS THAT HAVE OCCURRED IN THE MASSACHUSETTS GENERAL HOSPITAL,

FROM MAY 12, 1837, TO MAY 12, 1838.

BY GEORGE HAYWARD, M.D., SURGEON TO THE HOSPITAL.

(Communicated for the Boston Medical and Surgical Journal.)

IN consequence of the absence in Europe of my respected friend and colleague, JOHN C. WARREN, M.D., the surgical department of the Massachusetts General Hospital has been under my exclusive care during the past year. The number of patients and operations has not varied materially from that of former years, nor has there been any essential difference in the character of the diseases that have come under treatment.

A report, therefore, of all the cases, will enable any one, who will give himself the trouble to examine it, to form a tolerably just notion of the kind of diseases that are usually met with in the surgical department of this institution.

It may, perhaps, be well to observe, that the hospital cannot conveniently accommodate more than sixty patients. The average number is a little more than fifty; about half of these are medical, and the rest surgical. There are from twenty to thirty free patients; the others pay various prices, according to the apartments they occupy, the lowest sum being three dollars a week.

The number of operations is large, in proportion to the number of patients; as many persons resort to the hospital, from various parts of New England, for the purpose of undergoing operations.

When I entered on my duties at the hospital, May 12th, 1837, there were 27 surgical patients in the house, and 195 were admitted during the year, making a total of 222. Of these, there were

Discharged as well	-	-	-	-	-	-	-	-	-	86
Much relieved	-	-	-	-	-	-	-	-	-	40
Relieved	-	-	-	-	-	-	-	-	-	38
Not relieved	-	-	-	-	-	-	-	-	-	22
Died	-	-	-	-	-	-	-	-	-	13
Unfit	-	-	-	-	-	-	-	-	-	3
Eloped	-	-	-	-	-	-	-	-	-	1
Transferred to the Physician	-	-	-	-	-	-	-	-	-	2
Remaining in the house May 12th, 1838	-	-	-	-	-	-	-	-	-	17

222

Of the thirteen deaths, it should be observed that ten of them were the result of violent injury ; six of the patients died within twenty-four hours of the accident, and the other four lingered from five to eighteen days. Of the three other fatal cases, one was from an affection of the lungs. The patient had undergone an operation for the removal of the breast, by Dr. Warren, in April. The wound, however, had entirely healed. Another died of fungus hæmatodes within the abdomen ; and the other of phthisis, having been admitted on account of scrofulous ulcers in the neck.

It may well be doubted whether it is proper to swell the bill of mortality of the hospital, by including in it those who die almost immediately upon admission. They have not at any time been patients of the house, as they are altogether beyond the reach of art when they enter. Of the six of whom I spoke above as dying within twenty-four hours, scarcely one of them was able to swallow after his entrance. By including them among the patients who have died at the hospital, it gives an exaggerated notion of the mortality that occurs there.

The following table shows the diseases and injuries with which the patients were afflicted, who were in the surgical department of the hospital during the last year. It will probably be perceived by this, that the number of cases exceeded, somewhat, the number of patients. This is to be accounted for, in part, by the fact that a few out-patients are included in the table ; but more from the circumstance that some persons, who were admitted on account of one disease, became affected with another while in the hospital. This was the case with the eight individuals who had erysipelas, and the two who had eczema. The difference, however, is not important, as there were only sixteen more cases than there were patients, and ten of these were of the two diseases just named.

List of Surgical Cases under treatment during the year commencing May 12, 1837, and ending May 12, 1838.

Abscess	-	-	-	-	7	Erysipelas	-	-	-	-	8
“ lumbar	-	-	-	-	2	Fissure of palate	-	-	-	-	1
Ankle, scrofulous disease of	-	-	-	-	3	“ rectum	-	-	-	-	1
Ascites	-	-	-	-	1	Fistula in ano	-	-	-	-	5
Burn	-	-	-	-	2	“ of urethra	-	-	-	-	2
Cancer of breast	-	-	-	-	7	Fractures of cranium	-	-	-	-	2
“ face	-	-	-	-	1	“ lower jaw, simple	-	-	-	-	2
“ mouth	-	-	-	-	1	“ “ compound	-	-	-	-	4
“ tongue	-	-	-	-	2	“ clavicle	-	-	-	-	1
Cataract	-	-	-	-	1	“ spine	-	-	-	-	2
Contusion	-	-	-	-	4	“ humerus	-	-	-	-	2
“ of hip-joint	-	-	-	-	2	“ olecranon	-	-	-	-	1
Calculus, biliary, with fistulous opening near umbilicus	-	-	-	-	1	“ ulna	-	-	-	-	1
Conjunctivitis, purulent	-	-	-	-	1	“ hand, compound and comminuted	-	-	-	-	1
Deformity from accident	-	-	-	-	1	“ ribs	-	-	-	-	3
“ “ rheumatism	-	-	-	-	1	“ thigh	-	-	-	-	6
Dislocations of shoulder	-	-	-	-	1	“ patella	-	-	-	-	1
“ ankle	-	-	-	-	2	“ leg, simple	-	-	-	-	10
Eczema	-	-	-	-	2	“ “ comp. and com.	-	-	-	-	7

Fractures of both legs, comp. and comminuted	1	Paraplegia from injury	-	1
“ toes, comp. and com.	1	“ following dysentery	-	1
Fungus hæmatodes of antrum	1	Paronychia	-	1
“ “ on abdomen	1	Polypus of the nose	-	1
“ “ of breast	1	Prolapsus ani	-	2
“ “ muscles in pelvis	1	Prostate gland, disease of	-	2
Gonorrhœa	2	Retina, morbid sensibility of	-	1
Gryposis, or inverted toe nail	1	Scrofula of nose	-	1
Hare-lip	1	“ lip	-	2
Hemiplegia	1	“ glands in neck	-	3
Hemorrhoids, internal and external	3	“ “ groin	-	2
Hip disease	6	“ joints	-	1
Hydrocele	1	Shoulder, disease of	-	1
Hernia, femoral	1	Sprain of wrist	-	1
Inflammation, local	4	Submaxillary gland, enlarged	-	1
“ of periosteum	1	Spine, disease of	-	1
“ muc. membrane of bladder	1	Syphilis	-	4
“ hernial sac	3	Testicle, swelled	-	4
“ do. (sloughing)	1	“ medullary sarcoma of	-	1
Injury, general, from accident	3	Tinea ciliaris	-	2
“ “ “ gunpowder	2	Tumors, various kinds	-	4
“ “ “ frost	1	“ ovarian	-	1
Iritis, idiopathic	1	“ hydatid of breast	-	1
“ syphilitic	3	“ chronic mammary	-	2
“ chronic	1	“ encysted over patella	-	1
Irritable breasts	1	“ blue, of sclerotica	-	1
Knee joint, disease of	8	Ulcers, various	-	9
Mercurial sore mouth	1	“ scrofulous	-	3
Necrosis of cranium, with epilepsy	1	“ varicose, with varicose veins	-	4
“ elbow-joint	1	“ of throat	-	1
Nævus maternus	1	“ of the cornea	-	1
Neuralgia	3	Varicose veins	-	1
Opacity of cornea	1	Wounds, lacerated	-	3
		“ contused	-	6
		“ punctured	-	3
		Wrist, inflammation of	-	1

On some of these cases I shall offer a few remarks.

Erysipelas.—Only eight cases of this disease occurred in the surgical department of the hospital during the year, and all of them terminated favorably. There has probably not been another year within the last twelve, in which there has not been a death in the hospital from *erysipelas*. It has been, and still continues to be, a great annoyance. It frequently attacks patients after surgical operations, and those who have suffered from accident, and very often assumes a malignant form.

We are left to conjecture as to its cause. It cannot be from want of cleanliness, for our institution may safely challenge a comparison, in this respect, with any other of the same kind, either in Europe or this country.

It seems, however, to be certain, that the exhalations from the bodies of sick persons, when a number are confined in the same apartment, are capable of producing an atmosphere that will generate the disease, without changing, in the slightest degree, the sensible qualities of the air. I

have been led to believe, by observation to some extent on the subject, that this atmosphere was much more readily produced by those patients who had large suppurating surfaces, than by others, who were not affected in this way.

Admitting this to be true, and of its truth I think there can be no doubt, the obvious dictate of common sense is to change the air in the wards of the hospital as often as possible, so as to substitute pure air for that which has been contaminated. This is not so easily effected as at first it might seem to be. It is difficult to do it in the spring and autumn, when the weather is sufficiently mild to enable us to dispense with fires, but at the same time so cool as to require the windows to be closed at night. It is also difficult in winter, without the consumption of a large quantity of fuel, and probably the best ventilator is an old-fashioned open fire-place, but every one knows that it is not the most economical mode of warming a room. There can hardly be a doubt that erysipelas is much more common in those hospitals that are warmed by furnaces, than in those that are not. The fire is usually allowed to go down at night, the ventilator is frequently closed to keep the apartment agreeably warm, and consequently the patients must inhale for several hours the foul air.

This may not be true in all institutions that are warmed in this way ; but it certainly was in the Massachusetts General Hospital. A change in this respect was made the last autumn ; the ventilators are now so arranged that they cannot be closed by the patients or nurses ; and to render the ventilation more perfect, the upper panels of the doors of each ward, communicating with the entries which are not warmed by artificial heat, were removed, and the holes, thus made, kept open during the winter. Not a death from erysipelas has occurred in the hospital since this change has been made, nor has the disease, during the last year, been of the formidable character which it frequently assumes. More extensive observation, however, is necessary to determine whether this favorable change is owing to the cause to which I have just alluded.

A moist atmosphere is also supposed by some to be favorable to the production of erysipelas. It has been thought to be more common and more malignant in those hospitals in which the floors are frequently washed, than in those in which they are kept clean by dry rubbing. The moisture may have an effect in diffusing the miasmata, and perhaps rendering them active, when they might have been harmless in a dry atmosphere. The floors of the wards of the Massachusetts General Hospital are daily washed, and the air is often more moist than is agreeable.

There are certainly some facts that favor the opinion that moisture has something to do with the production of this disease, but enough is not yet known on this point to enable us to form a satisfactory opinion on the subject.

It may not be amiss to add, that I have seen nothing to lead to the belief that erysipelas is propagated by contagion. I do not mean to say that it never spreads in this way, but merely that no fact has come under my observation, either in hospital or private practice, that gives the slightest countenance to this notion.

It is well known that great diversity of opinion has existed, and still continues to exist, as to the *treatment* of erysipelas. Two very opposite courses have been adopted, and the advocates of each have claimed a great degree of success for their method. One of these consists in administering tonics, particularly cinchona, in some of its forms, from the very beginning of the attack; and the other, in depletion, treating it as a purely inflammatory affection. It is very questionable whether either of these methods is adapted to a majority of cases. There are but few patients, as far as I have seen, that will be benefited by bark through all the stages of erysipelas; and, on the other hand, though depletion is unquestionably highly useful to some at the onset, there are not many who will not derive advantage from tonics before the termination of the disease. In fact, they may be given with advantage earlier, and to a greater extent, than in almost any other complaint. This is particularly true of the class of subjects that are met with in hospital practice, persons for the most part whose constitutions are impaired or broken down by previous disease or excess.

The sulphate of quinine is perhaps the best preparation, and the quantity given should not be less than half a drachm in twenty-four hours; in fact, patients are often benefited by a much larger quantity.

When bloodletting is required, topical bleeding is all that I have been in the habit of using, and this I believe is all that is required. I have not resorted to incisions, though they were much recommended at one time, because it is difficult to limit the quantity of blood taken in this way, and because fatal effects have sometimes resulted from them. Punctures made with a lancet in the inflamed part are equally efficacious, and perfectly safe; but there is no objection, that I am aware of, to the application of leeches, and these I employ to a great extent, and apparently in many cases with very great benefit. They should be applied on the sound skin, and it is very unusual for the inflammation to extend beyond the part on which they have been applied. This is certainly remarkable, as leeches are supposed occasionally to produce erysipelatos inflammation, especially when applied about the face.

Local bleeding is the only topical remedy that I regard as of much value in the treatment of erysipelas. This opinion may excite surprise. Great confidence is placed by some in mercurial ointment, the nitrate of silver, diluted alcohol, lead water and cold lotions, while others prefer warm applications. I must confess that I have not been able to satisfy myself that any one of these has the slightest power of arresting the disease, nor much in mitigating its violence. My practice, therefore, is to use that which is most comfortable to the patient.

The efficacy of local applications in erysipelas has probably been very much overrated. No one places any reliance on them in measles or smallpox, because they are constitutional diseases; and does not the same reason apply with equal force to erysipelas? Local bleeding is undoubtedly in many cases useful, but this cannot be regarded as a topical remedy only.

In severe cases, the disease is usually preceded by a chill, with intense pain in the head and back, and this is followed by great heat. These

symptoms, for the most part, occur before any change takes place in the appearance of the skin.

An active emetic, followed by a purgative, and this succeeded by some mild diaphoretic, as the liquid acetate of ammonia, seem to be the only general remedies that are called for in the first few days of the disease. At a very early period, however, quinine and other tonics, with a generous diet, can be given to advantage, especially to patients of feeble habits of body. Under this course I have often seen the pulse become stronger and less frequent, and the mind lose the wildness which is very apt to attend erysipelas, especially when it attacks the head and face.

A liquid diet, of the mildest possible kind, I believe to be best in the early stages; but if the disease assume a severe form, generous and even stimulating food will be found requisite. Wine, wine whey, wine and water, and malt liquors, are often useful, and in the low forms of the disease, especially in patients with feeble and shattered constitutions, I am confident that I have prescribed alcohol with advantage.*

Fracture of the Lower Jaw.—Six cases of this accident were admitted into the hospital during the year. Two of them were simple, and four compound fractures; and I should think that this was not far from the usual proportion, judging merely from my own practice. The jaw is covered on the inside with so thin a layer of soft parts, that the injury which is sufficiently violent to cause the fracture, is in many cases powerful enough to lacerate these.

My purpose in noticing these accidents, however, is to speak of a simple mode of treatment, which is applicable to many cases, and which I have frequently found very efficacious. When the bone is not comminuted, and there are teeth on each side of the fracture, the ends of the bone can be kept in exact apposition by passing a silver wire or strong thread around these teeth, and tying it tightly. In several cases of fracture of the jaw, in which the bone was broken in one place only, I have, in the course of the last few years, adopted this practice with entire success, and without the aid of any other means. It will be found very useful, also, as an auxiliary, in more severe cases, in which it may be required to use splints and bandages, or to insert a piece of cork between the jaws, as recommended by Delpech. It requires some mechanical dexterity to apply the thread neatly; but in large cities we can avail ourselves of the skill of dentists for this purpose, and I have in this way been frequently indebted to the ingenuity of my friend, Dr. Solomon Keep.

Fractures of the Thigh.—When this accident occurs below the middle of the bone, it is usually treated at the hospital by extension and counter-extension. The apparatus used for this purpose is a modification of Desault's, the modification consisting principally in the adaptation of a screw to the cross piece which connects the splints together at the bottom, and to this screw is attached the band or sock which passes around the ankle. By this means the extension is made more in the

* I am happy to state that not a case of erysipelas has occurred in the hospital during the last six months.

direction of the axis of the bone, than by the original machine, and the fractured surfaces are consequently brought more in contact.

The objections that are often made to this apparatus, I have not found to hold good to any extent in practice. It rarely produces much irritation in the perinæum; I have never seen ulceration there but once from this cause, and this was in a patient of a peculiarly irritable habit. It is more apt to give trouble about the ankle, on which the extending band is applied, and I have seen the heel ulcerate and slough in a few cases. These ulcers are exceedingly obstinate. Something, no doubt, may be done to prevent them by careful attention, but they will occasionally occur, even when the utmost vigilance is employed.

Another inconvenience which sometimes follows the use of this apparatus, is the stiffness of the knee. I have never known this, however, to be permanent; but it often continues several weeks, and is in some instances quite troublesome.

Notwithstanding these objections, I prefer this apparatus to any other that I have ever used for treatment of fractures of the shaft of the thigh bone, below the middle. Fractures of the condyles of course require a different mode. In the great majority of those cases which I have seen treated in this way, there was but little if any shortening, deformity or lameness, and the patients hardly suffered at all while under treatment.

I am aware that writers urge many other objections to this apparatus, but I feel confident that most of these are theoretical, and are advanced by those who have never given it a trial, or have used it perhaps in cases where the fracture is high up, and in which I have no doubt that other means will be found more useful.

Mr. Amesbury's apparatus for fractures in the lower half of the thigh bone, I have never employed, merely because the one I was accustomed to answered the purpose so well.

It must be admitted, however, that in fractures of the upper third of the thigh, the modified apparatus of Desault does not do so well as when the bone is broken lower down. This is especially true in fractures of the neck of the bone, either within or exterior to the capsular ligament. Some have supposed that when the fracture is entirely within the ligament, bony union never takes place, whatever treatment may be adopted. But this is not correct, for there are well authenticated cases to the contrary. It is no doubt difficult to effect bony union in this accident, because the head of the bone, when thus detached, is nourished only by the vessels of the round ligament, and because it is not easy to keep the fractured surfaces in contact and the parts completely at rest. But even ligamentary union will be much more complete if these circumstances are attended to, than if they are neglected; for if the parts are not kept together, the ligament will be much longer than it otherwise would be, and the limb consequently less useful.

When the fracture is high up, there are of course more muscles inserted into the lower fragment, and consequently there is greater danger of displacement, than when the fracture is lower down, and it is also more difficult to confine the pelvic portion of the thigh bone. Something more than mere extension and counter-extension is frequently necessary

to bring the fractured surfaces in apposition under these circumstances; and it is very important that steady pressure should be made so as to keep them in close contact. Every one, who is at all familiar with the treatment of fractures, knows how great a power pressure exerts in bringing about a bony union.

Now Desault's apparatus is not calculated to make this pressure, and some have thought that in fractures of the neck of the thigh bone, the inner splint is apt to separate the fragments by pushing the lower portion outward.

There are other indications which are not perfectly answered by this machine, when the fracture is high up. But it is unnecessary to speak of these, as it is not my object to make a treatise on the subject, but merely to notice an apparatus which I think accomplishes the intention of the surgeon more completely than any other that I have ever seen. This is Mr. Amesbury's fracture-bed. I shall not attempt to describe it, as no description would be intelligible without drawings, and its construction is so simple that it would be readily understood by any one who wished to use it. It is adapted to all fractures of the thigh, occurring in the upper third of the bone, requiring slight modification in each case, and so constructed that the part on which the thigh is to rest can be made longer or shorter, as may be necessary to adapt it to the size of the patient. During the last year I have used it several times; in one case of a fracture of the neck of the bone within the capsular ligament, and in another of the neck exterior to it. Both of these did well. There was scarcely any lameness or shortening of the limb, and the patients suffered but little while under treatment.

There was recently a patient in the hospital with a fracture just below the great trochanter, who used this fracture-bed. He was placed upon it immediately after the accident, and kept there five weeks, and was perfectly comfortable during the whole time. He has recovered the entire use of his limb, without any perceptible lameness or shortening.

Gonorrhœa.—But few patients with this disease or syphilis come to the hospital. None are received there on free beds; and from those who pay, something more is required than from those laboring under other diseases.

For several years past I have laid aside entirely injections, in the treatment of gonorrhœa, and have substituted for them balsam copaiva, or cubeb, or both, according to circumstances. I have rarely found copaiva alone sufficient for the management of the disease. It very frequently produces an annoying cutaneous eruption before it has effected the purpose for which it is given, and we are obliged to lay it aside. Cubeb has been more often successful in my hands. This I give in doses varying from a scruple to a drachm, three times a day, in powder. It may be given at the beginning of the disease, and instead of increasing the ardor urinæ, it usually lessens it.

When cubeb alone does not succeed, I have frequently found a combination of it with copaiva very useful. I have rarely known the following preparation to fail in removing the disease. R. Pulv. gum. acaciæ, pulv. cubeb, balsam. copaib. ââ 3ij.; aqua cinnamon. 3xvi. M.

From half an ounce to two ounces of this mixture should be given twice a day, and it should be administered as soon as the complaint is discovered. The only objection to it, that I am aware of, is that it is so extremely nauseous, that many persons find it difficult to take.

It is a common notion that strictures in the urethra, which are so frequent after gonorrhœa, are produced by the injections that have been used. And this, no doubt, is oftentimes the case. But I have more than once met with a stricture consequent on gonorrhœa, where no injection had been used, the complaint having been removed by internal remedies. Whether these were cases of uncommon severity, I cannot say, as they did not occur in my own practice. It is probable, however, that they were, and that the stricture was the result of the effusion of fibrin, which it is well known sometimes takes place when the mucous membranes are highly inflamed.

Inflammation of the Hernial Sac.—The four following cases came under my care during the past year. They were new to me, and I am inclined to think that they will be so to most of my readers, as I can find no description of precisely similar ones in any work which I have consulted.* I regard them all as inflammation of the hernial sac, having many common features of resemblance, and differing from each other only as they were in different stages of inflammation. In one of them the sac was gangrenous; in the second, fibrin was effused in abundance, but no pus formed; in the third, suppuration took place; and in the fourth, the inflammation was so much reduced, that it no doubt terminated by resolution.

These cases will be best understood by giving the hospital record of each, made at the time, and I shall present them in the order in which they occurred.

CASE 1st.—Michael Murphy, æt. 40. Married. Laborer. Irish.

July 20.—States that since childhood he has always had an inguinal hernia of the left side, easily and entirely reducible at all times—never any incarceration that he is aware of. Six days since was attacked with pain in the abdomen about umbilicus, described as colic—got some cathartic medicine, which operated. Three days ago hernia came down, and has not been able to reduce it since. Has been bled twice, and the taxis attempted by several without success. Has not had much pain in the tumor. No vomiting. Took salts yesterday, which operated.

Now, pulse 88, of moderate strength. Tongue, white coat on lobes,

* The following case, in Mr. Mayo's excellent work, "Outlines of Human Pathology," has a strong resemblance to them.

"A patient (a recent case in the Middlesex Hospital) had all the symptoms of strangulated hernia; there was a small tumor, feeling like an omental hernia, at the crural arch. The patient had a swollen and tender belly, and stercoraceous vomiting. Repeated attempts had been made to reduce the rupture, which the patient said was considerably larger before these attempts had been made. The bowels had acted twice with enemata. I did not attempt to return the tumor, but operated immediately, when I found an *empty sac*; I divided the neck of the sac. The patient died in thirty hours. On opening the abdomen, the upper part of the small intestine was found distended, swollen and inflamed. A segment of a portion of the ileum, which had been down, was deeply discolored, and retained the impression of the close grip of the neck of the sac. It had been forced back into the body, before the performance of the operation, by the taxis, too much injured for recovery, through the length of time it had been strangulated. The tumor upon which I operated was the sac, with thickened adipose matter partially surrounding it."

moist. Strength good. No sickness. No pain, nor tenderness of epigastrium. Some tenderness in left iliac region, less in right. On examination, on the left side there is an inguinal hernia—the size of two clenched hands—to the touch hard, without resonance. Integuments slightly reddened. External ring tightly girt around the neck of the tumor, which is remarkably large and firm. Some pain upon pressure. Hernia probably omental.

A purgative enema was first given, which came away without operation. The taxis was then attempted in the warm bath, but without success, although the size of the tumor was somewhat diminished.

The patient was then ordered the following—R. Ol. croc. tig., gutt. i.; jalapæ, q. s. Ft. pil. no. i. Every four hours till free operation. Ice to be assiduously applied two hours. A consultation to be called for tomorrow at 11, A. M., to decide on the propriety of operating under the present circumstances.

6, P. M.—Four full dejections after one pill. No reduction of tumor. Pulse as before. Apply bitter fomentations through night.

21.—Scrotum œdematous at bottom. Tumor still the same. Pulse 88. Very little pain. Slept part of night. A consultation being held, it was decided to perform the operation.

11, A. M.—Operation by Dr. Hayward. Patient being placed upon the table, an incision was then made from the edge of the ring two thirds down the tumor, dividing the integuments. The different fasciæ, which were much thickened, were then divided on a director in the usual manner. The sac being thus exposed, was opened; it was one quarter of an inch in thickness. On opening the sac a gangrenous odor was emitted, and on further examination nothing was found in it. But the sac itself was in a gangrenous state. It was then decided to remove the sac, which was accordingly done, though with much difficulty, on account of the numerous and strong adhesions. In the removal of the sac, the tunica vaginalis testis was punctured, and about 3 ij. of the water of a hydrocele escaped. Several arteries required ligatures, principally in the cellular membrane of the scrotum. The remaining portion of the sac bleeding freely, a ligature was placed round it. The finger passed into the ring detected no stricture. The edges of the wound were then brought together and retained in place by a single suture. Adhesive plaster, pledget, dry lint, compresses and a T bandage completed the dressing. The patient was then conveyed to bed.

22.—Some pain in back yesterday P. M. Slept pretty well in night. Now quite easy. Pulse 88. No tenderness of abdomen. Tongue, thin white coat as before. No pain in bowels. No dejection. R. Ol. ricini, 3 i.

23.—After oil five dejections. Night quite comfortable. Now, skin of good temperature. Pulse 88. Tongue as before. No tenderness or fullness of abdomen. The whole of scrotum, together with testicle, swelled to five times the natural size; on right side œdematous, without pain. Upper part of wound open, discharging considerable offensive serous fluid. Portion of cellular membrane, &c. in a gangrenous state. Yeast poultice to upper part of wound.

24.—Continues comfortable. R. Ol. ricini, ss.

25.—After oil two dejections. Continues quite comfortable. Swelling of right side of scrotum quite gone; of left side less, still hard, as if testicle enlarged. Sloughs separating. Much thin yellowish discharge. No pain. Pulse 84. Tongue cleaner.

26.—One dejection yesterday. Continues much the same. Copious discharge of bright orange fluid from wound, with escape of gas on pressure, probably from the sloughing of the cellular membrane. If no dejection at 2, P. M., oil 3ss. Rice and milk.

It is unnecessary to give any more of the hospital record. The patient continued steadily to improve, the wound healed completely, and on the 12th of September he was discharged "well."

This case, it will be perceived, was taken for omental hernia. It is true, however, that coughing did not give any impulse to the tumor when the hand was placed on it. But this was the only symptom that was wanting, and the absence of it was accounted for on the supposition that the omentum had formed strong adhesions to the neck of the sac, and that the tumor was in this way, as it were, insulated.

An operation seemed to be called for, as the tumor was increasing in size and tenderness, rendering the patient unable to stand, except for a minute or two at a time, and producing a great degree of œdema of the scrotum on both sides, which it was feared might terminate in sloughing.

The result, perhaps, may be thought to have justified the course that was adopted. If the case had been left to the efforts of nature, there would have been extensive, if not fatal sloughing, even admitting that the patient could have escaped peritoneal inflammation, which was, no doubt, very much to be apprehended.

How far this state of the sac might be attributed to the attempts made to reduce the hernia, it is not easy to say. But it is certain that these were not great or long continued after the patient was admitted into the hospital, and it will be seen by the third case that very severe inflammation of the sac may come on spontaneously.

The second patient was admitted into the hospital before the first was discharged, and his case is thus entered in the records of the house.

CASE 2d. Edwin Beard, æt. 19. Single. Hostler. Boston.

July 31.—Patient reports—that he has had a small inguinal hernia of the left side about one year. Has worn a truss, which, however, has not fitted him, the hernia occasionally escaping. Three days since, the tumor appeared, and has not been reduced since. Has worked till this morning, when he went to consult a truss-maker concerning a new truss, who advised his entrance here. Has had no constipation, no vomiting, and no symptoms of strangulation. No pain in tumor before to-day, and that only after being handled by several persons, who attempted to reduce it.

On examination—tumor the size of a hen's egg at the left inguinal ring, firm, elastic, slightly tender. Neck of tumor girted by ring. No impulse on coughing. Cellular membrane of scrotum somewhat infiltrated. Pulse 64, of good strength. Tongue clean. Bowels open this morning. Purgative enema now. Twelve leeches to tumor. Liquid farinaceous diet.

August 1.—Slept quite well in night. Tumor as yesterday. Very slight pain. Two copious dejections. No tenderness of abdomen. Eight leeches to tumor.

2.—More swelling of tumor. More redness. Rather more tenderness and pain. Pulse and tongue as yesterday. No dejection. R. Sol. mag. sulph., ʒiij. Poultice to tumor thrice daily.

3.—More pain in tumor. Size increased. More redness. More tenderness. Considerable œdema of scrotum. Otherwise well. Appetite good. May have broth.

4.—Pain in tumor greater. Size, redness, tenderness, &c. increased. Tenderness especially about ring. Pulse 88. Tongue, thin white coat. No tenderness of abdomen. Bowels open. Appetite good.

5.—Some œdema of tumor, pain, &c., as yesterday.

7.—Size of tumor less. Œdema still. Indistinct and uncertain sense of fluctuation. Otherwise well.

9.—Tumor rather diminishing. Tenderness less. Appearance of inflammation less. Otherwise well.

11.—Considerable diminution of tumor. Tumor at present about three inches in length, very firm, no indication of suppuration. Tenderness much less. Testicle plainly distinguished below tumor. Some œdema of scrotum. Pulse and tongue good.

17.—Swelling much diminished. Now firm, hard, not tender. Scrotum quite free from œdema. Otherwise well. Omit poultice. Apply the following lotion. R. Ammonix mur. ʒss.; aceti, aquæ, āā Oj. Ft. sol.

18.—Tumor perceptibly diminished since last report.

23.—Tumor diminishing and softening. Otherwise well.

27.—Tumor the size of a walnut, or perhaps a little larger; quite hard. Otherwise well.

30.—Tumor much the same. Apply empl. hydrarg. 3 by 2.

31.—Veins of scrotum and spermatic cord somewhat distended. Otherwise the same.

Sept. 1.—Tumor softening and diminishing. In other respects well.

5.—Redness increased by walking. No impulse on coughing. To wear suspensory bandage.

7.—Discharged well.

CASE 3d. Thomas Lancaster, æt. 40. Single. Seaman. England.

February 8.—Patient reports—about twelve months ago noticed a small tumor, referred by him to the situation of the external abdominal ring of the right side, easily reduced by himself, and often returning into abdomen on lying down. Tumor was about “as large as the end of his thumb,” and has appeared several times since, especially if his bowels became costive, as they frequently were, but he thinks not after any unusual exertion. Sometimes it did not come down for two or three months. Tumor has not been in the least painful or tender at any time till February 2d, nor has it incommoded him in any way.

February 2.—Patient sailed from Eastport, Me., and exerted himself in pulling ropes, &c., but not more than was usual with him, and about midnight was seized with severe pain across upper part of abdomen and

about umbilicus, and towards morning with pain in right iliac region, the pain elsewhere ceasing. Since then, the tumor has been constantly increasing in size, pain and tenderness. On night of sixth, when he arrived at Boston, the tumor, he thinks, was not larger than an egg, but since has increased very rapidly. Has had little or no sleep for three nights past. Appetite has been impaired by pain, but has had no chills, headache or nausea. General health has always been pretty good. When on shore has been in habit of using ardent spirits freely. Has never worn a truss.

Now, pulse 66. Appetite small. Tongue slightly coated. Five dejections yesterday, after salts. Much pain in tumor. Upon examination, a large tumor, commencing about two and a half inches within and one inch below right superior spinous process, and running obliquely downwards and inwards, and terminating just above the testicle, being five inches long, and three inches broad at widest part, having a straight and abrupt face outwards, but inwards gradually rounding off towards hypogastrium, having a decided fluctuation across its middle. Integuments œdematous, with a blush of redness, and somewhat tense. Much tenderness on pressure. No impulse felt on coughing, but pain is increased by it. R. Sol. mag. sulph., ʒiij. and repeat if need. Eight leeches to tumor. Large poultice after leeches. Milk and vegetable diet. Horizontal posture.

February 9.—Experienced much relief of pain after leeches. Slept but little, was restless. Now tumor quite tender, but less painful than at entrance, and rather more fluctuating. Four dejections.

20.—Fluctuation now very decided. Slight pointing about middle of tumor, near its outer edge. Slept but little from pain. Tenderness increased. Pulse 68. No dejection. R. Sol. mag. sulph., ʒiij., and repeat if need.

11.—Slept but little, restless in the night, and had considerable pain. Early this morning abscess broke spontaneously, and discharged freely, perhaps ʒiij. in all. Discharge thick, purulent, with some coagula, rather dark and slightly fetid. Tumor now diminished, less tender, little painful, redness less. Appetite improved. No headache. Six dejections, at least, after two doses.

12.—Has had but little pain. Slept well. Appetite pretty good. Two dejections. Tumor less, but slightly tender, not painful, quite hard in most parts.

14.—Doing very well. No pain. But very slight tenderness in tumor. Little discharge. Slept well. Appetite good. One dejection. Simple dressings.

15.—No dejection. No pain. Discharge scanty. R. Sol. mag. sulph. ʒij., and repeat if need.

23.—Abscess almost entirely healed. Slight tenderness just opposite spine of pubis on outer edge. Some induration. Walks about, though not with perfect ease.

March 9.—Abscess entirely healed. No tenderness. Some induration for about one inch below abdominal ring. Impulse or motion of

intestine felt on grasping remains of tumor close to ring. No trouble in walking or stooping.

20.—Discharged well.

CASE 4th. Daniel W. Bemis, æt. 38. Married. Sailor. Boston.

March 2.—Patient reports—his mother told him that thirty years ago he had a fall, striking right iliac region upon the corner of a table, and that a swelling ensued soon or immediately after in the situation of the inguinal ring; but patient himself recollects nothing of the fall, or of the tumor till twenty years ago, since which time he has always worn a broad canvass belt around pelvis, passing over the face of the tumor, and prevented from slipping upwards by a thigh strap. During these last twenty years tumor has varied in size from a "pigeon's egg to a hen's egg," and at all times has felt soft and elastic, yielding readily before the finger, but instantly resuming its former shape on removing the pressure. Never has been tender to the touch, nor red, nor painful. Tumor would attain its largest size only in wet stormy weather, and would return to its smallest size on the return of fair weather. Patient has never experienced any inconvenience in straining or lifting, and would only be reminded of increased size of tumor by its pressure on the belt, and has not been subject to cramps in bowels.

February 25th, P. M., felt an unusual degree of pressure against belt, with a sharp, cutting pain in situation of tumor, patient at the time sitting perfectly still, and not having exerted himself previously. Went up stairs and removed belt without relief, and then undressed and went to bed. Soon after, while lying on left side, and pressing forcibly on tumor with the ends of fingers of both hands, he heard a rumbling gurgling sound, and at the same time felt something shoot suddenly down between the ends of his fingers into the scrotum, accompanied by a sensation of tearing in part. Pain continued sharp and steady through night of 25th, and through the next day, and ceased almost entirely after this, except on night of 27th, as will be stated. On morning of 27th had one small, hard dejection, the first since attack. Had had one dejection the day previous to attack. On night of 27th was attacked with cramp, which was soon followed by nausea and vomiting, and considerable pain in tumor, and vomited about a quart of yellowish watery fluid, pain continuing by spells through night. On 28th, early in morning, took one ounce of salts, which were followed by eight or nine dejections, and yesterday morning half an ounce of salts, which operated freely last night and this morning. Has had no pain since night of 27th, and no appetite since 25th, and has experienced no inconvenience for last two days, except from operation of medicine. Tumor has been quite tender during the whole time, and has been constantly covered with fomentations. General health has always been good. Has not been to sea for the last twelve months, and latterly has used spirits very freely.

Now, pulse 70. No appetite. Tongue slightly coated. Says he feels perfectly well, excepting slight pain at upper and lower parts of tumor, where there is some tenderness. On examination, tumor commences at abdominal ring, and extends downwards and inwards to the bottom of the

scrotum, being six inches in length by measurement, and having a general resemblance, in shape, to a large pear—base somewhat flattened, measuring four inches from before backwards, and three inches from side to side. Tumor nowhere feels indurated. Portion occupying scrotum is very yielding to the touch, elastic, and decidedly fluctuating. Upper portion more resisting, and giving a slight impulse on coughing, but perhaps only what would be communicated by the motion of the integuments, &c. No impulse on grasping lower part of tumor. Slight blush of redness over base of tumor. Scrotum not tense, but corrugated. Testicle not to be felt, which, by report of patient, has never descended into scrotum as low as the left testicle, it remaining just at the side of the commencement of the penis. Patient thinks it is smaller than the other, and that it was injured in his fall. Ten leeches to base of tumor. Poultice after leeches. Milk and vegetable diet. Horizontal posture.

3.—Has had no pain since leeches. Sleeps well. Tenderness entirely gone. No perceptible alteration in tumor. No appetite. No dejection. Pulse 72. Keep tumor constantly wet with the following—*R. Ammoniaë mur. ʒss. ; aceti, aquæ, āā Oj. Ft. sol.*

4.—Last evening complained of some griping pains in bowels, and got sol. mag. sulph. ʒij., since which has had one dejection. Slept well. Has had no pain in tumor, which is evidently diminished in size. No tenderness. No redness. Feels perfectly well.

5.—Two dejections yesterday. While in water closet, about half past five, P. M., having the last dejection, during which he kept a steady pressure on the tumor with both his hands, he felt considerable pain in situation of abdominal ring. Upon returning to bed, and lying on back, in a few minutes he felt a dragging or pulling pain in right lumbar region—and on drawing up his knees, and while still pressing on tumor with his hands, it suddenly shot upwards into abdomen with a gurgling noise. Had slight pain about ring for a short time, but slept well. Now, greater prominence than natural, from ring to top of scrotum, but no induration. Sac felt extending about one inch below ring; and on coughing, the motion or impulse of a short loop of intestines is felt. Intestine can be readily returned into abdomen, and the index finger easily passed into the abdominal ring, which is quite large. Testis now felt opposite roots of penis; is rather tender. Discharged well.

It must be admitted that there is some obscurity about these cases, but the supposition that in all of them the hernial sac was inflamed, seems to explain them better than any other. It is true, that the sac does not ordinarily take on inflammation to any considerable extent; at any rate, it rarely becomes thickened by it. In cases of strangulated hernia, in which the operation is performed, we often find the sac very thin, and semi-transparent, as much so as in health, though it may have been subjected to a great degree of pressure in the attempts made to reduce the hernia. On the other hand, it is certain that in the first case the trouble consisted solely in inflammation of the hernial sac, which had become excessively thick and gangrenous. There was no protrusion of omentum or intestine, and there was no strangulation; and yet this case had more marks of hernia than any of the others. It proves, unequivocally,

that the hernial sac can undergo changes of an important character, such as are calculated to render the diagnosis difficult; and these changes seem to be the result of inflammation, which may come on spontaneously.

All these patients had, for some time before they came under treatment, been subject to hernia; in all of them the tumor was small, extending but little if at all beyond the external ring, occupying the inguinal canal. From some cause, a protrusion, to a considerable extent, of some of the abdominal contents took place, carrying before them, of course, the hernial sac; in two of the cases there seems to have been, for a short time, some symptoms of strangulation, which soon passed off; but in all of them, the contents of the sac, whatever they may have been, were no doubt returned into the abdomen.

There was in the first case the most satisfactory evidence that the tumor consisted solely of hernial sac. It was cut down upon and laid open; it contained neither omentum nor intestine; but it was inflamed, thickened and gangrenous.

In the second case there was no well-marked symptom of strangulated hernia, or even of reducible hernia. There was no impulse on coughing; no constipation; no vomiting or nausea; and no pain, except in the tumor. The outline of the hernial sac could be distinctly traced with the hand, and its upper part was tightly girt by the external ring. Under an active antiphlogistic course it was gradually reduced in size, but the sac could be still felt, though it became thinner, and much contracted; the pain subsided, and the patient found no inconvenience in resuming his ordinary avocations.

The circumstances attending the third case enabled me to form a satisfactory opinion of the precise nature of the difficulty. When the contents of the abscess were discharged, the finger could be passed in at the opening, and the hernial sac could be distinctly traced up to the abdominal ring. As the inflammation went off, the sac contracted; but it could be plainly felt in its whole extent, though much reduced in size, at the time the patient left the hospital.

The sudden reduction of the tumor in the fourth case throws over it some degree of obscurity, as it is not usual for the hernial sac to be returned after it has once been protruded from the abdomen. This may, however, happen. Some operators reduce it, when it can be done with ease, in the operation for strangulated hernia; but it is a practice by which nothing is gained, which is in some degree hazardous, and which consequently should not be imitated.

There are instances on record, also, in which it has been reduced by taxis; and this is much more likely to happen when it has been recently protruded, than when it has been of long standing, as there is of course much less probability of the existence of adhesions in the former than in the latter case.

The "gurgling noise" which the patient said he heard at the time the tumor was reduced, might have proceeded from the intestine which was in the upper part of the sac, as a small portion of the intestine could be felt near the ring after the reduction, which could be readily returned into the abdomen, and which no doubt went up at the time he reduced the tumor.

It must be admitted that in ordinary cases, in which the hernial sac becomes thickened by inflammation, the interior of the sac remains unchanged, differing, therefore, in this respect, from two of the cases just related. But, on the other hand, it is well known that some of the serous membranes, when inflamed, are not only thickened, but covered by a false membrane. This is the result of acute inflammation, such as took place in these cases, wholly unlike that which usually occurs in old hernias, and which is altogether of a chronic character.

The following operations were performed during the year.

Amputation of thigh	-	-	3	Removal of cancer of breast	.	3
“ leg	-	-	3	“ tongue		1
“ toes	-	-	3	“ face	-	1
“ forearm	-	-	1	“ hemorrhoids, internal		3
“ fingers	-	-	1	“ hydatid of breast		1
Cataract	-	-	2	“ nævus, by ligature		1
Fissure of the rectum	-	-	1	“ tumors, various	-	4
Fistula in ano	-	-	6	“ chronic mam-		
“ urinary	-	-	1	mary		1
Hare-lip, double	-	-	1	“ fungus hæmatodes on		
Hernia, inguinal	-	-	1	abdomen	-	1
“ femoral	-	-	1	“ do. of breast	-	1
Hydrocele, by incision	-	-	1	“ testis	-	1
“ palliative operation			1	“ tonsils	-	1
Ligature of femoral artery	-		1	Trephining	-	1
Paracentesis abdominis	-		1			
Polypus of the nose	-	-	2			
Prolapsus ani	-	-	3			
					Total	53

All the patients, with two exceptions, on whom operations were performed, either recovered entirely, or so far as to be able to leave the hospital. The two individuals who died had received severe injury; a leg in each case was literally crushed, and when reaction came on, the sufferings of the patients in the injured part were extreme. The limbs would have been useless if they could have been saved; but this was not possible, nor was it probable that life could have been preserved if they were not removed. One of them was amputated above, and the other below the knee.

The first of these had suffered from copious hemorrhage before his admission, which did not take place till about twelve hours after the accident. A slight reaction, however, had come on, and the circumstances of the case would not justify any longer delay. He rallied somewhat after the operation, and his sufferings were much diminished, but he soon began to sink, and died in about eight hours after the amputation.

The second patient lived several days, but his injury was not confined to the limb. His principal pain was referred to the abdomen, and the contents of this cavity were found, on examination after death, to have been highly inflamed. Though the amputation did not save life, I have no reason to think that it tended in the least to hasten the fatal termination. This should rather be attributed to the extent and severity of the injury.

It is not, perhaps, perfectly well settled, even at the present day, at what time amputation should be performed after accidents, when this operation is necessary ; in other words, whether it should be done immediately, or whether we should wait till reaction comes on. At any rate, it is certain that a uniform practice does not prevail ; some surgeons operate without delay, while others prefer to postpone it till the system has in some measure recovered from the shock of the injury.

There are, no doubt, cases in which the operation may be done at once, the constitution not having suffered from the accident. But when the constitutional symptoms are severe, the pulse feeble, the skin cold, and the respiration perhaps laborious, I cannot doubt that the operation should be deferred till these symptoms have passed off. They arise from the shock which the nervous system has received ; the local injury at that time is of secondary importance ; it adds nothing to the sufferings of the patient, and an operation done when nature is struggling to restore the vital energy, would be likely to cut off all chance of recovery. As soon as reaction takes place, the injured part becomes painful, and should then be removed.

There is also some difference of opinion as to the means that should be used for the purpose of bringing on reaction ; some administering alcohol and other powerful stimulants freely, while others disapprove of their use altogether. It is, I believe, safest and best to depend on the application of heat, both externally and internally applied ; by means of hot spirituous fomentations over the heart and epigastrium, and mild warm drinks introduced into the stomach. Some cases may possibly require small doses of the aqua ammoniæ, camphor, or wine, diluted with water ; but these should be given sparingly, as the great danger is from inflammation, that is so apt to come on after reaction has taken place.

Amputation.—Of the seven large limbs that were removed, six were done by the circular operation. This fact is noticed, from the circumstance that Mr. Liston has recently seen fit to denounce this operation in unqualified terms, declaring it to be “vile and inadmissible” in all cases where there are two bones in the limb. It is not, perhaps, surprising that an individual should have a decided preference to that particular mode of operating which he has adopted ; but it is remarkable that he should give a sweeping condemnation of a method which has the sanction of some of the greatest names in modern surgery. The flap operation is better adapted, no doubt, to some cases than the circular ; but there are very many others in which I believe that the latter will be found to be the best. In fact, I must confess that where circumstances will admit of the performance of either, I should operate by the circular incision. It has, to my mind, advantages over the other method, that more than counterbalance the greater length of time which is required for its performance. A better stump, it seems to me, is made by it, and the parts heal with quite as much readiness. A patient, from whom I removed the leg above the knee by the circular operation, in June, 1837, walked out in sixteen days after the amputation, the wound being entirely healed. An artificial limb was fitted to the stump, in a few weeks after, and upon this he has walked with great comfort ever since.

Two of the amputations were performed in consequence of that peculiar affection of the knee joint, so well described by Sir Benjamin Brodie, in which a remarkable change of structure takes place, nearly the whole of the interior of the articulation being converted into a gelatinous mass. The patients were both young men, a little more than twenty years of age, of scrofulous habit. The disease had in each existed several years, increasing gradually, but at no time attended with severe pain. The constitution at length becoming affected, an operation was advised. One of them, whose limb was removed more than a year ago, has since enjoyed uninterrupted health. He recovered rapidly, and is the individual to whom I referred as having walked out so soon after the amputation.

The second patient convalesced more slowly; the system seemed to suffer much more from the shock of the operation; but in three or four weeks a favorable change took place, and he was discharged from the hospital "well," in forty-four days after the removal of his limb. His health continued good for some months, when the other knee began to be slightly affected, which he at first attributed to fatigue and over exercise. Whether this trouble has assumed the same character as the original disease, and what his present situation is, I am unable to say, as he resides at a distance from the city, and I have not seen him since he left the hospital.

I have noticed these two cases, because it is not long since this peculiar affection of the knee joint was first described, and because it is not yet well understood. My own experience in relation to it would lead me to believe that it is not so malignant in its character as it has usually been supposed to be, and that if amputation be performed before severe constitutional symptoms appear, the life of the patient will oftentimes be preserved.

Cataract.—Cases of disease of the eye are not numerous at the hospital, and no doubt will become less so, as the means of that excellent institution, the Massachusetts Charitable Eye Infirmary, are more enlarged. We had but one patient with cataract during the year. He had amaurosis in one eye, attended with complete loss of vision, and a cataract in the other, which came on in consequence of an injury. This eye was also slightly amaurotic, and the sensibility of the iris was somewhat impaired. His sight was only sufficient to enable him to distinguish the light, and opaque bodies when they passed between him and the light.

I operated twice on this patient, dividing the cataract and capsule, and leaving them to be dissolved. The first operation gave him some degree of vision, but finding, after waiting three months, that portions of the capsule and the cataract still remained, I operated again, and the solution went on more rapidly. Neither operation was followed by much inflammation. When he left the hospital, his sight was so much improved that he could distinguish objects and walk about without assistance. There was reason to believe that a greater improvement would take place, as absorption was still going on, and I have since learnt that this is the case.

Fissure of the Rectum.—There is perhaps no surgical operation that affords so much relief as that for fissure of the rectum, and there is hardly

any disease that is more painful. It consists in a superficial ulceration of the rectum, sometimes extensive, but more often narrow, and rarely more than an inch in length. It is found more frequently on the sides and posterior part of the gut, than on the anterior. It extends down to the sphincter, and can usually be brought into view, if the patient strains down. When this cannot be done, it can be felt by introducing the finger, though this is attended with great pain.

The greatest suffering is experienced at the time of defecation, and it is then often so severe that the patients are obliged to lie down for some time after. The pain is attributed by Dupuytren to a spasmodic contraction of the sphincter; this seems probable from the relief that the division of the sphincter gives in these cases before the ulcer heals, and from the fact that the same train of symptoms is sometimes met with when no ulceration can be detected. There is reason to think, too, that there is nothing peculiar in the character of the ulcer, as it usually heals so readily after the operation; and this circumstance favors the opinion that it is often the result of mechanical violence, produced sometimes by hardened feces, and at others by strong efforts made in parturition. It is very certain that it is more frequent in females than in males, and more common in those females who have borne children than in those who have not.

This complaint is aggravated by cathartics, and though anodyne enemata afford some relief, I have not found anything but the operation sufficient for the cure.* This consists in dividing the sphincter, either by cutting from within outwards, or from without inwards, carrying the incision, if practicable, through the centre of the ulcer. The method from without inwards I should think was to be preferred, as you can in this way, by passing the finger into the rectum and cutting upon it, limit more precisely the incision, than when you cut from within outwards. The dressing and treatment are the same as after the operation for fistula in ano.

The patient on whom I operated at the hospital was a healthy man of thirty-seven years of age. The difficulty had existed about four months, and was always greatest when the bowels were constipated. The trouble was steadily increasing; the pain was extreme after every dejection, and his sufferings were so great as to unfit him for his ordinary duties. In all other respects his health was good.

On examination, I found just within the margin of the anus, towards the sacrum, a narrow ulcer, an inch or more in length, quite tender and painful to the touch. The bowels having been emptied by an enema, the operation was performed in the following way. The fore finger of the left hand having been introduced into the rectum, a spear-pointed scalpel was thrust in outside of the sphincter, till it reached the point of the finger, thus including the sphincter between the edge of the scalpel and the finger. Both were then simultaneously withdrawn, the scalpel cutting its way out through the fissure. Lint was introduced between

* When the ulcer is on the sphincter or exterior to it, constituting what may be called fissure of the anus, local applications, particularly Dupuytren's belladonna ointment, with rest, may cure it.


the lips of the wound, and a compress and a T bandage completed the dressing. For two or three days he had slight spasms about the anus, which were relieved by anodyne fomentations. But after this period he had no trouble; his dejections gave him no pain, though the ulcer was not healed, and he was discharged from the hospital "well," in fourteen days after the operation, in all respects able to resume his ordinary avocations.

Hare-Lip.—For the last two or three years, in performing the operation for hare-lip, I have not used the common hare-lip pins. They are almost always troublesome from their size, and occasionally produce ulceration, and in this way retard, if they do not altogether prevent, the success of the operation. Instead of them I have used, when operating on very young infants, small insect pins, and for larger children, long, fine, steel needles. A head of sealing wax is easily attached to these, and the sharp end, after it is carried through the lips, can be easily cut off by bone pliers. They interfere less with the process of adhesion than the old method, and in a number of cases in which I have used them, I have been much pleased with the result.

Hernia, Inguinal and Femoral.—There was, strictly speaking, no operation at the hospital during the year, for inguinal hernia; the case which was entered as such by the house-surgeon has already been spoken of, in the remarks on inflammation of the hernial sac. In almost all the important particulars the operation there noticed resembled that for strangulated inguinal hernia; but it will be recollected, no doubt, that the sac was found to be much thickened, empty and gangrenous; that it was removed, and the patient recovered.

The operation for strangulated femoral hernia was performed on an unmarried female 35 years of age. She first discovered the hernia three years ago, and in a year after it became strangulated, and was reduced by the taxis. From that time she had worn a truss, but this had not always prevented the hernia from descending.

About half past eight o'clock, on the morning of the operation, while coughing violently, the hernia came down and became strangulated. She had medical aid at 11 o'clock, and I first saw her at 1, P. M. As the taxis had been ineffectually tried, I advised, before further attempts, venesection and the tobacco glyster. These having been used, I saw her again at 3 o'clock, and made another attempt at reduction. This not succeeding, she was removed to the hospital, and the operation was performed at 4 o'clock.

This was done in the way recommended by Sir A. Cooper. Two incisions were made, one across the tumor, and the other at right angles to it, in the form of the letter T inverted, . The sac contained about two inches of small intestine, no omentum. The stricture was so firm that though strangulation had existed but seven hours and a half, the intestine was almost black, but not gangrenous. As soon as the stricture was divided and the bowel returned, she was much relieved. The operation gave her but little pain, but her sufferings had been intense during the whole time the strangulation existed. The bowels were freely evacuated by two ounces of the solution of salts, which were

given a few hours after the operation, and the patient ultimately did well, though her convalescence was tedious.

This case would not have been noticed, had it not been for a peculiar circumstance connected with it. She was menstruating at the time of the operation; this discharge was then suddenly suppressed, and did not reappear for some months. Though everything connected with the hernia did well, the wound healed kindly, and the bowels were either open spontaneously or easily moved by gentle laxatives. she was feeble for a long time, and troubled with a variety of complaints that could not readily be explained, though they were probably in some way connected with the sudden suppression of the catamenia.

There was a morbid condition of the mucous membrane of the whole alimentary canal, affecting particularly the mouth and pharynx and rectum, attended with a copious secretion of viscid mucus. She had severe pain by paroxysms in the bladder, vagina, uterus and about the anus, and though these were relieved by leeches and other means, it was apparent that her sufferings were very great. No sooner would one set of symptoms give way, than another, equally distressing, would appear; and this state of things continued, though in a less severe form than at first, for nearly three months, till in fact the menstrual evacuation made its appearance. From that time a perceptible, though gradual, improvement in her health took place.

It is certainly not usual for a sudden suppression of the catamenia to produce such grave symptoms, and it can only be explained by supposing either that she was in a morbid state at the time of the strangulation, or that that, together with the operation, might have rendered her unable to resist causes of disease that under ordinary circumstances would have had but little influence.

Hydrocele.—Of the three operations for the radical cure of hydrocele that are still in use, viz., injection, seton and incision, neither of them, I think, is adapted to all cases. In cases of old hydrocele, where the tunica vaginalis is so thickened and opaque, that there is no translucency in the tumor, no one would probably use the injection. And even where it seems to be proper, it is often very uncertain in its effects, sometimes not exciting sufficient inflammation to cure the disease, and at others exciting so much as to cause no small degree of anxiety. It is unfortunately true, that the pain felt at the time of the operation is no indication of the degree of inflammation that will ensue. I have known a portion of the scrotum to slough where no fluid escaped into the cellular membrane, and where the patient complained of no pain at the time of the operation. Everything was done in the most skilful manner, and I feel that I have a right to speak confidently about it, as I was not the operator.

Again, even in the hands of the most careful, some of the injection will occasionally escape into the cellular membrane, and then a train of troublesome, if not dangerous, symptoms ensues. I am aware that this accident can usually be guarded against, but it will not always be, except by those who frequently practise the operation.

But if this accident does not occur, and the inflammation be not ex-

cessive, we often meet with another difficulty, and that is the operation fails because there is not inflammation enough.

This, then, must be regarded as an uncertain operation, and I should advise its performance only on healthy adults, in whose case there was no doubt of the nature of the disease.

The *seton* would seem to be, *à priori*, the best mode of operating. It gives but little pain, it evacuates the fluid, it can be made large or small, retained for a longer or shorter period, as the case may require, so as to bring on the precise degree of inflammation that may be necessary. But I tried it twice the last year and failed. The case was a fair one; the patient a healthy boy of nine years old. I had punctured the tumor several times before. I introduced a small cord consisting of four threads; he complained but little at the time; the water oozed out, till it was all discharged, and the testicle was so much swollen at the end of four days as to fill entirely the tunica vaginalis. The cord was then removed; as he complained of the soreness; the swelling subsided, but in three weeks effusion took place again.

After waiting more than a month, I repeated the operation, using a cord double the size of the other, and retaining it there twice as long. It produced similar effects to the other, and at the expiration of two months after its removal, the fluid was again effused. This shows that the common opinion, that the disease will return in a month after the operation, if at all, is not correct.

From these experiments I shall not be inclined to try the seton again, as I cannot do it under more favorable circumstances.

The operation by *incision* is usually regarded as a very severe one. I have not found it so, though I have done it very frequently. It to be sure requires the patient to be confined to his bed usually three weeks; it is attended with a considerable degree of soreness and some pain; but, on the other hand, I believe it to be perfectly safe and always successful. It is unnecessary to describe the mode of doing it, as it must be familiar to every one who is at all acquainted with surgical practice.

This operation is certainly to be preferred to the others in all cases where there is any doubt as to the nature of the disease, for the incision settles that question; and in those where the other operation has been tried and failed.

Within a few years a new method for the cure of hydrocele has been introduced, and, if we might trust the published accounts, it has been attended with great success. I allude to the mode recommended by Mr. Lewis and Mr. Travers, of Great Britain. It consists in puncturing the tumor in one or more places with a small needle. A drop of fluid usually escapes at each puncture, and when the operation succeeds, the part from half an inch to an inch in diameter around the punctures becomes œdematous, the whole of the fluid, in forty-eight hours, is absorbed, and effusion does not again take place. This is the account given of it by its advocates, but it does not accord with my experience. I have tried it in seven cases, and repeated it several times in some of them. I have followed as exactly as I could the directions laid down for its performance; I have used various kinds of needles, and I have

not succeeded in a single case. Were it not that others with whom I had conversed had been equally unsuccessful, and that I had not met with an individual who had succeeded, I should have attributed it to my own want of skill.

In one of my patients the œdema formed around the puncture and the fluid disappeared in six-and-thirty hours, but was effused again in three weeks. This was the only case in which there was a prospect of a cure.

I shall not abandon it without further trials, for if it would answer as a substitute for the operation now in use, it would be a great improvement in surgical practice.

Ligature of the Femoral Artery.—This operation was performed in consequence of secondary hemorrhage after amputation below the knee. The patient was very feeble, having suffered from the affection of his limb eighteen years; this latterly had assumed a fungoid appearance, and had occasionally bled. It was found, at the time of the operation, that the posterior tibial artery was softened and diseased to such an extent as to render it difficult to secure it. This was at length accomplished, and the ligature remained on twelve days. It then came off spontaneously, and in twenty-four hours after an arterial hemorrhage took place. This was arrested by the tourniquet; a second occurred on the following day, the compression having been removed from the artery, and a slight one again in the night. The whole amount of blood lost was inconsiderable, but he was already so much reduced that the loss of any was an injury. It was therefore determined to tie the femoral artery, and this was done thirty-six hours after the first hemorrhage. He lost no blood, and he suffered but little pain in the operation. The wound and stump both healed kindly, and in a few weeks he was discharged, perfectly well, from the hospital.

It would probably be thought best in any similar case to tie the femoral artery instead of searching for the bleeding vessel in the stump. Be that as it may, it was clearly the only course that could have been safely adopted in this instance. The patient could not, probably, have borne the suffering and loss of blood to which the other method would have subjected him, and if the artery could have been found and tied, it is not likely that it would have answered the purpose, as the vessel at that part was in a diseased state.

Prolapsus Ani.—When this complaint is in an aggravated form, it is well known that an operation is often performed for its relief. This consists in removing a part of the prolapsed portion, and when cicatrization takes place, the contraction is such that the difficulty is in a great measure obviated. This operation was formerly done either with a knife or scissors, and I should have continued to have used one or the other of these instruments, if I had been guided by my own experience alone. In no case has the use of them in my practice been followed by alarming hemorrhage, and only in one instance by a serious one.

But with others the result has sometimes been different. There are accounts of severe and even fatal hemorrhage after this operation with the knife, and a prudent surgeon, therefore, would hardly feel justified

in exposing his patient to so much hazard, if any other mode could be devised.

I am satisfied, from several trials, that the operation by the ligature is perfectly safe, equally efficacious, and hardly, if at all, more painful than the old method. The operation can be readily done in the following way. An enema of warm water should be first administered, and when this comes away the prolapsed portion can usually be thrown exterior to the sphincter. It can then be seized with a double hook, which should be held by an assistant. A needle, armed with a double ligature, should then be passed under the base of the prolapsed portion, the needle cut out, and one string tied firmly in one direction, and the other in the opposite. The part should then be carefully returned within the sphincter, and the ligatures allowed to hang out at the anus. If the pain be severe, an anodyne enema, or an opiate by the mouth, or both, should be administered. The patient should keep in a horizontal position, and live on a mild, liquid diet for few days, and take a gentle laxative on the second day after the operation. The ligatures usually separate in from five to ten days; I have rarely known them to come away sooner than this, and in some cases I have seen them retained much longer.

This operation is the same as the one recommended by the late Dr. Bushe, though I had practised it some time before the publication of his work. It will be found, also, a very safe and effectual mode of removing hemorrhoidal tumors, there being the same objection to the use of the knife in this case as in that of prolapsus. When the tumors are exterior to the sphincter, they may be freely cut off; the hemorrhage is never troublesome.

It is no unusual thing to find, after the operation for prolapsus and internal hemorrhoids, that the patient is troubled with stricture of the rectum. This is of course produced by the cicatrization, and is in most cases readily overcome by the use of a rectum bougie. If the patient should continue to use this occasionally for a length of time after the operation for either complaint, there will be much less danger of a return of the difficulty.

Another important means as a preventive, is the daily use of an enema of cold water. This should be thrown up in the morning, just before the usual time for a dejection, and it will in most instances produce the desired discharge from the bowels without pain. From a gill to half a pint of water is sufficient.

Nævi can also be removed by ligature, used in the same way as in the two other cases. When the *nævus* is very large and firm, I have sometimes, in addition to tying it in this way, passed a long slender needle under it, introducing it in the sound skin at some distance from the tumor, and bringing it out in a similar way on the opposite side. I have then passed another needle at right angles to this, and around the two I have carried a strong thread several times, drawing it tightly as possible, and then tying it. I have never known this to fail.

This operation, even on young children, produces much less irritation than could have been supposed. I have tried it upon them at all ages, and I have never witnessed any alarming or severe symptoms. The pain,

whatever it may be at the moment, soon passes off, and the child generally becomes quiet in a few hours.

Removal of Cancer of the Tongue.—The operations for the removal of cancer of the tongue, that have come under my observation, have rarely been successful. The disease usually soon reappears in the neighboring parts, apparently more malignant in its character, and certainly more rapid in its progress, than before the operation. I believe that I can truly say that, with perhaps one exception, the disease has in every instance returned. In all the cases, the diseased part was entirely removed, and in some of them the actual cautery was applied to the remains of the tongue, in part for the purpose of arresting the hemorrhage, and partly to eradicate completely the disease.

Sir Everard Home thought that much was gained by using the ligature instead of the knife. In the only instance in which I tried this, it was wholly unsuccessful. The case was a fair one; the disease was limited; the whole of it was removed, and the patient in other respects healthy. Yet the wound had hardly healed before the disease reappeared, and went on with great rapidity till it destroyed the patient.

It seems somewhat singular that cancer of the tongue should be so unmanageable, when the operation for cancer of the lip succeeds more often than that for the same disease in any other part of the body. It is true that some have supposed that the eroding ulcer, with everted and hardened edges, that is so often met with on the lip, has not the malignancy of true cancer. But this opinion does not seem to be well founded, for it is certain that if this ulcer be left to itself, or improperly managed, it will terminate in death.

The operation for cancer of the tongue, to which I referred above as probably successful, was performed at the hospital in the month of January last. The patient was a healthy man of good habits, thirty-eight years of age. The disease had existed five months. It appeared, as it usually does, in the form of a small, hard tubercle. It came on the tip of the tongue; it is more often met with on the side. It increased gradually, and gave him no pain till about two months before the operation. At the time of his admission it was quite painful and very troublesome from its size and situation, being somewhat larger than a nutmeg. It had perceptibly increased during the week before his admission.

As the use of tobacco is supposed by many to have an influence in the production of cancer of the tongue, I made the inquiry as to this patient's habit in this respect, and learned that he had never chewed or smoked tobacco, and had used snuff very sparingly.

The operation was performed in the following manner, the day after he entered the hospital. The tongue being protruded, it was seized with a long-bladed polypus forceps transversely behind the tumor, and firmly compressed. The tumor was then taken between the thumb and forefinger, a sharp-pointed scalpel was passed behind the tumor through the healthy part of the tongue, and about one third of the organ was cut off. A ligature was applied to each of the lingual arteries. There was scarcely any blood lost at the time, owing to the compression made by

the forceps, and no hemorrhage took place afterwards. The wound healed entirely in three weeks, and in a month the patient was discharged well. The disease, I presume, has not returned, for if it had I have no doubt that I should have heard from him, as he lives only a few miles from the city, and I requested him, when he left the hospital, to inform me if he had any further trouble.

Trephining.—An account of this case has already been published. The patient, a clergyman, had suffered twelve years from epilepsy, arising from a diseased state of the cranium. The carious portion of bone was removed, with complete relief. Six months have elapsed since the operation, and I have reason to believe that during the whole of the period he has had entire exemption from his epileptic paroxysms.

There are several other cases upon which I should have been glad to have offered some remarks, had I not already exceeded the limits which I proposed to myself. I therefore close with the expression of a hope that those who have the charge of similar institutions, in our country especially, would, from time to time, give reports of all the cases that come under their care. In this way our hospitals will be rendered still more useful to the public.

Boston, October 1st, 1838.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 3, 1838.

WORCESTER DISTRICT MEDICAL SOCIETY.

If the practitioners in other districts made such effort as distinguishes the Worcester District Medical Society, science would not have so many ignorant opponents. There is more energy wanting in the professional ranks to keep pace with improvements, and more unanimity, too, in places where no attention whatever is paid to the advantages arising from frequently associating and communicating facts and observations in medical practice for the mutual benefit of each other.

The physicians of Worcester, as long ago as October, 1837, held a meeting to revise the by-laws of the Society—which seemed to have become drowsy—and finally, in August last, the Association sent a circular letter abroad, explanatory of the objects of the Massachusetts Medical Society, and inviting the co-operation of those who did not belong to it, by first becoming fellows, and subsequently members of the District Society, which is already appreciated for the ability of its members. The by-laws, including a catalogue of their library, list of members, &c. is a useful remembrance to those who do not reside immediately in Worcester county, and for a copy of which we beg to express our thanks to the Secretary, Dr. Butler.

Illegible Prescriptions.—An apothecary handed us a prescription to read, the other day, which was verily the ne plus ultra of bad writing.

Physicians are proverbial for their chirographic scrawls, which is altogether inexcusable, and deserving the severest censure. We are convinced that many mistakes, imputed to [apothecaries, in] putting up wrong medicines, are actually caused by the physicians themselves, whose illegible scratches sometimes cannot be decyphered without extreme difficulty, if at all, by those not particularly acquainted with the peculiarity of each prescriber's hand. Since it is of the utmost importance to the sick, that medicines should be correctly weighed and measured, and the prescriptions minutely followed, the physician should bear in mind the responsibility resting upon himself in the matter. Fair, round letters, distinctly made, with plain characters indicating the quantity, could be just as easily executed as some of those vile specimens strung upon iron wires in the shops of the druggists, as though they were memorials of an age of barbarism. It is urged as one cause of fatal mistakes, that boys are permitted to deal out articles in apothecary establishments, who should never be suffered to do so, till they have become perfectly conversant with the business. However correct this may be, as the law allows druggists to have apprentices, it is the more necessary that the profession should guard against the possibility of a misconstruction of the names of articles, by a fair and distinct penmanship.

Antique Surgical Instruments.—It is presumed that there must be, in Boston, a vast variety of old surgical instruments, utterly useless to those who possess them, and consequently of no value. Many families who, at one period and another, have become possessed of these kinds of curiosities, through a relationship to medical men who have flourished in this city and its environs, might contribute them to some association where they would be preserved. For example, if a committee of the Medical Association, or of the Boston Society for Medical Improvement, were to solicit these by-gone things, a museum of rare interest to surgeons might be collected. A collection of this sort exists in Paris, which is consulted both by operators and instrument-makers, with manifest advantage, and it has always been regarded by visitors as one of the rarest exhibitions that could have been devised. Hawk-bill forceps, tooth keys, amputating knives, catheters, amputating bit-stocks, splints for fractured limbs, cupping apparatus, ophthalmic instruments, &c., must exist in abundance. Some of the camp and hospital surgical cases, used during the revolutionary war, should certainly be looked up, if nothing more. Dr. Thacher, of Plymouth, may still own the instruments which he had when present at the execution of Major Andre.

Mineral Waters of Aron.—Dr. S. Salisbury has favored the community with a very satisfactory pamphlet on the mineral waters of Livingston County, N. Y. He has collected a general history of the effects produced on invalids, of various descriptions, from 1792 to the present time, and the evidence is pretty conclusive that the water possesses valuable properties. It seems that the springs now christened *Aron*, were known to the Seneca Indians, under the name of *Cana-wagus*. These Indians resorted to them for the cure of diseases of the skin. Dr. Francis, of New York, who analyzed the water, did not discover the presence of iodine. Nevertheless, Dr. Salisbury gives an opinion that

both iodine and bromine enter into the composition. The investigation has fallen into good hands, and we recommend the publication to the attentive perusal of valetudinarians.

American Phrenological Journal.—No. 1, dated *October*, although published in September, at Philadelphia, by A. Waldie, is a fair specimen of the mode in which it is intended to conduct the work. Dr. Sewall's two lectures, as usual in the hands of phrenological believers, are unmercifully criticized. The doctor is in a fair way of becoming a martyr. A Phrenological Analysis of Conversion, &c., beside other well-written articles, constitute a finely-printed journal of thirty-two pages, which should be sustained by those who take an interest in the progress of phrenology. It would be far better for the interests of the owner, if the editor should stand out fearlessly with his name on the cover.

Medical Society of Louisiana.—No State Society has yet been organized in Louisiana, but it is in contemplation to have one, in which the whole medical brotherhood of the State will become united. At present there are two distinct medical associations, whose influence has long been salutary in concentrating and directing professional exertion.

There are two *Examining Medical Boards*, as they are called, in Louisiana; one in New Orleans, and the other at Natchitoches, on the Red River. It is their duty to grant licenses to all physicians, surgeons and apothecaries, who apply, in the State, upon proof being furnished by the applicant of a good moral character and necessary qualifications.

New York Dispensary.—With its usual fearlessness, the Medical Examiner, of New York, catalogues all the faults of the Dispensary Physicians, and holds them up to public exhibition. One charge is tardiness, and another neglect. The physician who visited a poor child *two days after being called*, should have the benefit of staying at home in future. No such charges were ever brought against the Dispensary physicians of Boston, who are surpassed for their promptitude in business, courtesy, and philanthropic exertions in behalf of the suffering, sick, poverty-stricken subjects of the Dispensary.

Medical College of Georgia.—In the notice of this College, in a late No. of the Journal, we regret to find that the name of the able Professor of Therapeutics and Materia Medica, Dr. Joseph A. Eve, was omitted. Dr. E. was graduated at Charleston, S. C., in 1828, and made an European tour before receiving his present appointment.

School Physiology.—Mention is made, in some of the New York papers, of an elementary treatise on physiology, expressly designed for common schools. That such a work ought to be universally introduced to the attention of youth, will be generally admitted. A Dr. Lee, of that city, is the author.

Vaccination necessary on entering School.—In an official ordinance of the City of Lowell, is the following section:—"No person who has not

been vaccinated or otherwise secured against contagion of the smallpox, shall be admitted, or permitted to remain, as a scholar, in any of the public schools." The wisdom of this regulation cannot be denied. It should be strictly enforced in every country school, however small, and in every academy and college, in the Union. Boston and Lowell are the only places in this country, to our knowledge, where vaccination is rigidly enforced, as a requisition for admission into the public schools.

Dilatation and Contraction of the Pupil after Death.—Autopsy ten hours after death; case of hydrophobia; reported by M. P. C. Gorey, for the Edinburgh Medical and Surgical Journal. "A phenomenon worthy of attention, which has not yet been observed, so far as I know, in this disease, occurred to us when examining the eyes. The iris exhibited the same motions as in life. The pupil dilated itself on covering the eye with the eyelids, and again contracted as soon as the light was admitted. These alternated motions were as lively as during life. The color of the iris was not changed; it was of blue-gray, and had only acquired a lustre or brilliancy, which might be called phosphoric. We excited this sensibility of the iris many times, and more than twelve hours after death."

British Naval Surgeons.—Fifty-four Surgeons of the Royal Navy have accepted the commuted allowance by the Admiralty, and will be placed on the retired list. In the United States, it is work or die with the government medical servants. Without being able to lay by a dollar for old age, such is the inadequacy of the compensation, if by misfortune they are rendered unfit for the fatigues of the sea or hospital practice, the surgeon must continue to do something, if it is only braying a mortar, because there is no provision made, in the shape of a retiring fund, for his maintenance when broken down by the arduous duties of a sea-beaten life.

Cedron Nut.—Extraordinary virtues are ascribed to these nuts, which grow plentifully in the vally of Couca, in New Grenada. By the natives they are held in great esteem, on account of containing medicinal qualities which seem not to be known far beyond the place of growth. By scraping a small quantity—as much as could be held on the end of a penknife—and drinking it down in some convenient fluid, immediately after having been poisoned by the bite of a venomous reptile, or a rabid animal, it acts as a complete specific. It is said that all persons working in the woods of New Grenada, carry the article with them. Even the laborers now employed in constructing a public road, carry a nut suspended round the neck by a cord. Thus much is stated on the authority of Mr. A. Boardman, of New York, in a note addressed to the editor of the Medical Examiner.

TO CORRESPONDENTS.—The communications of Drs. Partridge, Newcomb, and Smith, with others before referred to, must be deferred for a fortnight, as no number will be issued next week—Nos. 9 and 10 being published together to-day, in order that Dr. Hayward's interesting report might be printed entire.

DIED.—In Thomaston, Me., Dr. Brown Stimpson.—At Greenville, S. C., Dr. Earl, killed in a quarrel.—At New York, Dr. Isaac P. Freeman, aged 31, of Pasquotduk, N. C.

Whole number of deaths in Boston for the week ending September 29, 44. Males, 19—females, 25.
Consumption, 4—bowel complaint, 1—canker in the bowels, 2—hooping cough, 1—infantile, 4—
dysentery, 1—quinsy, 1—dropsy in the head, 1—intemperance, 2—teething, 1—cholera infantum, 4—
scarlet fever, 3—phthisis, 1—inflammation of the brain, 1—scrofula, 1—dropsy, 2—inflammation of
the stomach, 1—croup, 2—old age, 1—hemorrhage of the lungs, 1—child-bed, 1—disease of the
heart, 1—inflammation of the bowels, 1—enlargement of the heart, 1—accidental, 1—stillborn, 1.

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

The Lectures in this Institution will commence on the first Monday in November, and continue for four months.

J. AUGUSTINE SMITH, M.D., Professor of Physiology.

ALEXANDER H. STEVENS, M.D., Professor of Clinical Surgery. (Lectures at the New York Hospital.)

JOSEPH MATHER SMITH, M.D., Professor of the Theory and Practice of Physic and Clinical Medicine.

EDWARD DELAFIELD, M.D., Professor of Obstetrics and the Diseases of Women and Children.

JOHN B. BECK, M.D., Professor of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Professor of Chemistry and Botany.

JOHN R. RHISELANDER, M.D., Professor of Anatomy.

ALBAN G. SMITH, M.D., Professor of the Principles and Practice of Surgery.

ROBERT WATTS, JR., M.D., Lecturer on Special Anatomy.

The expense of attending a course of Lectures by all the Professors, is \$108.

Attendance upon two complete courses of Lectures is necessary to entitle the student to present himself for graduation, one of which must have been attended at this College. He must also have studied medicine three years, and attained the age of twenty-one years.

Two opportunities in each year are afforded for graduation; one on the first Tuesday in April, and one on the last Tuesday in October.

The examination of Candidates for the Spring graduation commences on the first of March, and for the Fall graduation on the 2nd Tuesday in September.

College Building.—During the last year, the new and extensive College edifice in Crosby Street has been completed. In its construction, no effort has been spared to provide within its walls every accommodation that may be necessary for carrying on the business of instruction in the various departments of Medical Science, and it is believed that in no one respect will it be found wanting in the great objects for which it was designed. To the planning of the Anatomical part of the building, especial attention has been paid, with the view of furnishing every convenience and accommodation that may be required for teaching Anatomy, as well as for private dissection. In addition to the public dissecting room, a number of smaller rooms have been fitted up, where Anatomical investigations may be pursued in a more retired and private manner.

New York Ho-spi-tal.—This Institution accommodates about two hundred and fifty patients, and presents every variety of disease and accident to which the human frame is liable. Situated in the very heart of the city, and within a few minutes walk of the College, it possesses the great advantage of being easy of access, without any loss of time, and the students have daily opportunities of witnessing the practice of the house.

New York Ear and Eye Infirmary.—The average number of patients who resort annually to this Institution, for professional advice, amounts to upwards of one thousand. It thus furnishes the amplest field for observation and instruction in the various diseases of the Eye and Ear. It is opened gratuitously to the students of the College.

J. AUGUSTINE SMITH, M.D., *President.*

N. H. DERING, M.D., *Registrar.*

New York, June 25, 1838.

Aug 29—tNI

MASSACHUSETTS MEDICAL SOCIETY—COUNSELLORS' MEETING.

A stated meeting of the Counsellors of the Massachusetts Medical Society will be held at the Society's Room, Athenæum Building, Pearl street, on Wednesday, October 3, at 11 o'clock, A.M.

S. D. TOWNSEND, *Recording Secretary.*

Sept. 26—2w

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.

H. I. BOWDITCH, M.D.

J. V. C. SMITH, M.D.

H. G. WILEY, M.D.

July 25—eoptN—emtJy

INFIRMARY FOR SPINAL DISTORTIONS, CLUB FEET, &c.

At 65 Belknap Street, Boston.

PATIENTS from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., *Surgeon.*

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

George Hayward, Edward Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homan, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, Geo. B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838.

tt.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry, by DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica, " DR. WARE.
On the Principles and Practice of Surgery, " DR. OTIS.
On Anatomy, " DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel with out any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 18—1f

SCHOOL FOR MEDICAL INSTRUCTION.

The Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by DR. BIGELOW.
On Anatomy and Surgery, by DR. REYNOLDS.
On Midwifery and Chemistry, by DR. STORER.
On Physiology and Pathology, by DR. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, August 17, 1838.

Aug 22—ep3m

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "dragging and bearing-down" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield, M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vendes as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 3.

lyreop

LOWE & REED,

21 Merchants Row, Boston.

MEDICAL INSTITUTION OF YALE COLLEGE.

The course of Medical Instruction in Yale College begins on Thursday, November 1st, 1838, and it continues seventeen weeks. The several branches are taught as follows, viz.

Theory and Practice of Medicine, by ELI IYER, M.D.
Chemistry and Pharmacy, by BENJAMIN SILLIMAN, M.D. and LL.D.
Materia Medica and Therapeutics, by WILLIAM TULLY, M.D.
Principles and Practice of Surgery, by JONATHAN KNIGHT, M.D.
Obstetrics, by TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by CHARLES HOOKER, M.D.

The matriculation fee and contingent bill are \$7.50; the fees for Chemistry, Anatomy, Surgery, Materia Medica, and Theory and Practice, are \$12.50 each, and for Obstetrics \$6.00—amounting to \$76.00—the whole to be paid in advance. The graduation fee is \$15.00.

Yale College, Aug. 16, 1838.

A29—Gw

CHAS. HOOKER, Secretary.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$2.00 a year in advance, \$3.50 after three months, and \$1.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIX.]

WEDNESDAY, OCTOBER 17, 1838.

[NO. 11.]

OPERATION FOR THE FORMATION OF ARTIFICIAL PUPIL.

BY EDWARD J. DAVENPORT, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE formation of an artificial pupil, under the most favorable circumstances, is not to be considered as an operation easily and safely executed: on the contrary it is acknowledged to be one of the most difficult in execution, and the most doubtful as regards the final result, in the range of ophthalmic surgery. "In some rare instances, in which the eye has not suffered much, in which the lens and capsule are entire, and not injured by the operation, perfect sight may be restored. But, generally speaking, the result of this proceeding is much less favorable than that of cataract operations. In many instances, the patient must be contented if he should be able to see large objects and to find his way alone."*

The case detailed below, presented several obstacles to a successful issue; the chief of which, were the extreme flatness of the cornea and the extensive adhesions between that part and the iris. Whenever the capsule and crystalline lens retain their transparency, it is highly important that they should not be removed or injured in any way. For besides their importance to the due performance of the function of vision, in the event of a successful operation, it must be apparent that the laceration of the capsule will destroy the support anteriorly afforded by that membrane to the vitreous humor, and as in extraction of cataract, may and in many instances inevitably will be followed by the loss of a greater or smaller portion of that humor. When, then, the anterior chamber is abolished, by the cornea being flat (presenting a plane surface nearly) and the iris being adherent over a large extent and in close contact throughout the whole posterior face, it is a matter of no small difficulty to pass a sharp-pointed knife through the cornea, and of necessity through the iris also, without puncturing the capsule and lens. The loss of the lens, indeed, can afterwards be supplied by the use of convex glasses; and the evacuation of a large part or even the whole of the vitreous humor,† according to some writers, does not necessarily

* Lawrence, page 366.

† In describing the operation of "extracting the cataract," says Benjamin Bell, in his *System of Surgery*, Vol. IV. page 232, "I have sometimes noticed the loss of a considerable part, or perhaps the whole of the vitreous humor. By this the eye becomes flat and instantly sinks within the orbit. But although it ought to be guarded against with the nicest attention, it does not always prevent the

induce blindness. But the perfection of the operation, which forms the subject of these remarks, imperatively demands that the integrity of all these parts should remain inviolate, provided, always, that they are in a sound state.

Before describing the case in hand, I beg permission to quote the practical deductions drawn by Scarpa, from a consideration of the different methods adopted by eminent surgeons for the formation of a *permanent* artificial pupil, premising that his objections to the employment of the hook and scissors for the purpose of extracting and excising a portion of the iris, as performed in certain cases by Beer and Gibson, are not, in my opinion, well founded. Scarpa, having relinquished his operation by detachment of the iris, gives the following indications. "The use of the scissors, for making an opening in the iris with exactness and certainty, rendering a division of the *cornea* indispensable, to do this in such a manner as to include as small a part of the circumference of that membrane as possible, and far less than is usual in the extraction of cataract; to divide the iris with the scissors in such a manner, that a small triangular flap may be formed in it, and as much as possible in its centre; and, lastly, that the new pupil, as far as practicable, may be in the centre of the iris, or at least at such a distance from the ciliary ligament and processes, that the latter may not be an obstacle to vision." To these rules, which he says apply to all cases, both simple and complicated, he allows there may be one exception. The exception occurs in those (not uncommon) cases of closure of the pupil, in which the pupillary margin of the iris has been drawn into the cicatrix of the cornea and remained adherent to it. The fibres of the iris being thereby put on the stretch, a transverse incision in the iris alone is at once the most simple and obvious proceeding. Accounts of this latter operation having been performed with much success, may be found in the works of Sir W. Adams, and in this country in Dr. Delafield's appendix to the American edition of Travers on the Eye. But the operation by incision (*Koretomia*) alone, is admissible, however, only when the capsule and lens are opaque, or after extraction, and not where these parts remain transparent and in situ, and I therefore employed the hook and scissors, adopting, more particularly in the second operation, the method pursued by Gibson,* in such cases. In cases of this description, i. e., where there are extensive adhesions be-

success of the operation. I have known, indeed, some instances of the eye remaining sunk and useless after this accident, but most frequently the globe begins soon to fill again, and in the course of two or three weeks it has commonly acquired its usual bulk, probably from a regeneration of the aqueous humor." He adds, "I have often observed as perfect a state of vision after this operation, where all the vitreous humor had been lost, as if none of it had been discharged; of which a remarkable instance occurred in a woman who some time ago had the operation performed on both eyes. The eyes were otherwise apparently sound. In one, the whole of the vitreous humor was forced out along with the cataract, and the eye sunk entirely to the bottom of the orbit; in the other, the operation was performed with much accuracy, the cataract was extracted and none of the vitreous escaped. In the course of three or four weeks, however, from the operation, both eyes were of the same bulk; their appearance was perfectly similar, and the patient discovered objects equally well with either of them." SCARPA—cited by Porterfield in his excellent *Treatise on the Eye and Phenomena of Vision*—by way of experiment, squeezed the whole of the humors out of the eyes of a goose, a cock and a hen, all of whom again recovered their sight without the assistance of any medicine.

In reference to the subject of these extracts, I may observe that in a metrical essay recently published, upon the healing art, it has been recommended to inject the eyeball with lukewarm water, as a substitute for the natural contents, whenever, unfortunately, they have been evacuated by accident or during any surgical operation!

* Practical Observations on the Formation of Artificial Pupil, by Benjamin Gibson, Manchester.

tween the iris and opaque cornea, which include the whole border of the pupil, or nearly so, before the hook or scissors can be used with advantage, Mr. Gibson observes, it becomes necessary to separate the adhesions as extensively as possible. For this purpose the point of the cornea-knife is to be passed through the cornea in the usual way, as in making the punctuation in extraction, and is to be directed to those adhesions, the division of which will most effectually tend to render the iris free, for the subsequent part of the operation. Great care must at the same time be taken to avoid undue pressure upon the eyeball, that the aqueous humor may not escape before that object is accomplished; for otherwise the cornea and adherent iris will become flaccid, and the adhesions be much more difficult to separate. To the permanent success of this operation, Mr. G. considers it of consequence that a portion of the iris should be *removed*.

CASE. B. M., 29 years of age. In the month of May, 1837, was attacked, in both eyes, with purulent ophthalmia, and this resulted in total blindness,* from ulceration or sloughing of the cornea, the consequent prolapse of the irides and closure of the pupils. When first seen by me, nearly two thirds of the cornea of the right eye, and a rather smaller extent of the left, was occupied by a dense opacity of a pearly white color, in which were plainly visible several black points, indicating the places where the irides had protruded and had become inseparably united with the cicatrices left by the ulcers. In these cicatrices, the whole pupillary or free margin of the iris had become involved or included, and hence the occurrence of closure of the pupils, which was entire and irremediable except by an operation. The cornea of each eye, but especially that of the right, had lost its natural convexity, and had become extremely flattened. The irides were in close contact everywhere with the posterior face of the cornea, and of course the anterior chambers of the eye were completely abolished. Both eyes were affected with chronic inflammation, and the lining membrane of the upper lids was granulated. She had, however, a distinct perception of light, and could readily distinguish day from night, and even moderate variations in the degrees of light. During an attack of a violent inflammation of the eyes, about six months since, she experienced luminous spectra, or a morbid perception, as of flashes of blue or variegated light, accompanied with showers of sparks; this was attended with photophobia. As the inflammation subsided, these gradually disappeared, or rather gave place to the appearance of dark muscæ floating in the field of vision, which were apparent only in the day-time, and most so when the light was the most bright. Immediately after the operation they ceased to be visible, but again appeared, though much less numerous and distinct than before.

The first step was to bring the eyes into a more healthy condition, by moderate local depletion, and by making local applications to reduce the granulations of the lids. When, by these means, both eyes and lids were brought into a sounder state, I attempted to form an artificial pupil in the right eye. The patient having been cupped, and having

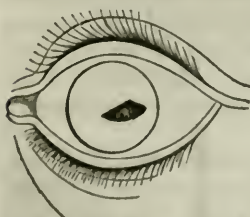
* Blindness, so far that the patient could not find her way about alone.

taken a dose of sulphate of magnesia on the preceding day, an incision was made in the lower part of the cornea, as for extraction of cataract, but of less extent. From the extreme flatness of the cornea, and consequent abolition of the anterior chamber, it was very difficult to avoid puncturing the anterior capsule of the lens. This was followed by the escape of the crystalline and the loss of a considerable portion of the vitreous humor. A sufficient portion of the iris, however, was removed, and the eye was bandaged as after extraction. On the succeeding day, the eye had regained its usual fulness, and the inflammation was not at all severe. But the opacity resulting from the incision was so extensive as to render the operation of no avail.

Sept. 7th. Assisted by Dr. Palmer, and in the presence of Dr. Strong and Dr. Hopkins, an operation was performed on the opposite eye. The patient being placed on a bed, in a horizontal position and with the head slightly raised, with a cornea knife I made a simple puncture through the cornea near the external lateral margin. Having separated a part of the adhesions as freely as the flaccid and apparently thickened state of the iris would permit, the opening was somewhat enlarged in withdrawing the knife. A small quantity of aqueous humor flowed out, but the lens and capsule were untouched. A fine hook was now engaged in the central opening in the iris, and a portion of it being drawn out, was excised with the scissors. An immediate effusion of blood filled the new pupil and insinuated itself between the iris and cornea. Previously to the hæmorrhage, the patient plainly distinguished the window, but afterwards she could see light only, and that appeared to be of a red color. There ensued, soon after the operation, a violent throbbing sensation in the eye and head, for which she was cupped, the same day, with relief.

Saturday. The deposit of blood in the anterior chamber has been diminished by absorption; there is no pain, and but little redness of the eyeball. Warm applications are now more agreeable than the cold lotions which she at first preferred.

Monday. Yesterday, contrary to direct orders, the patient was allowed by the nurse to go down stairs. She had all day more or less pain in the eyeball, and an œdematous swelling of the eyelids, for which blood was taken, by cups, to the amount of eight ounces. There is now a coagulum of blood at the lower part of the anterior chamber and about the incision of the cornea, which has not yet perfectly united. The



Artificial pupil in left eye of B. M.

iris appears dull and discolored. The artificial pupil is of an elliptical figure; it is situated near the centre, but extends towards the external margin of the iris, as delineated in the marginal plate. Vision is improving, and the light seems less red than before. To be cupped, if pain returns; and to take every night one of the following pills. R. Hydrarg. submuratis, opii pulv., ãã gr. vi.; camph. pulv., gr. xii. Misce; in pil. no. vi. dividend. Also, to have the extract of stramonium applied around the eye, three times daily.

Tuesday. Rested well; has no pain or uneasiness of the eye, but com-

plains of soreness only ; the effusion of blood has nearly disappeared from the pupil, but still remains about the incision ; can now see sufficiently well to tell the number of fingers held before the eye. The inferior angle of the incision being very prominent, was touched with the solid nitrate of silver, reduced to a fine point ; the other remedies to be continued as already directed.

Thursday, 7th day. Vision improving daily ; no blood to be detected in the chambers of the eye ; the prominence at the inferior angle of the corneal incision has increased, and has assumed a vesicular appearance. To be touched with the caustic pencil daily.

Saturday. The patient reports that the eye feels as comfortable in all respects as it did before the operation. The protrusion has diminished in size. With respect to vision, she can distinguish readily small objects, such as a penknife, a spoon, &c. and colors most distinctly.

Monday. Appearance of eye the same ; state of vision improving. Soon after this she omitted the pills, her gums having become tender.

Saturday, October 6th. The protrusion has become less prominent, and is opaque and of firmer consistence, from the effusion of coagulable lymph ; the patient can readily distinguish small objects, such as pins, needles, &c., and can see distant buildings, and vessels sailing in the harbor.

There is one other circumstance to be noticed as a consequence of the operation ; viz., a change in the expression of the patient's countenance, from the vacant aspect of a blind person to the intelligence and animation which alone belong to those who see.

In conclusion, it is evident that closure of the pupil must occur in connection with very dissimilar conditions of the eye, and that therefore the same mode of operation cannot be applicable to every case. As opportunities occur, it is my intention to present to the profession some account of cases requiring other modes of operating for the formation of artificial pupil.

No. 4 Winter Street, October, 1838.

HISTORY OF THE MEDICAL SCHOOL OF ALBANY, N. Y.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I noticed a call in your Journal for information in regard to the history and present condition of the medical institutions in the United States ; and in a more recent number, your request for an account of the origin of the "Albany Medical College," the principles on which it is founded, and its ultimate design.

It is my intention to comply with your request so far as the Albany Medical College is concerned, and I will endeavor to give you, in detail, the facts which have a bearing upon the subject.

Dr. Alden March is most intimately connected with every step in the progress of organization, as well as in the design of establishment, of the medical college in this city ; and to his untiring industry and unyielding perseverance for eighteen years, are we indebted for the noble ornament which now adorns our city.

Dr. March was a pupil of Dr. William Ingalls, of Boston, an accomplished and indefatigable anatomist, from whom Dr. M. derived his taste for this "matter of fact" department of medical science, and fully equalled his preceptor in zeal and industry in the pursuit of anatomical knowledge. In 1820 Dr. March located in the City of Albany, with a moderate collection of anatomical preparations, and in the following year gave a course of lectures and demonstrations to a class of fourteen students. This may justly be considered as the starting point of the Albany Medical College, and we must refer back to this period for the original design of a permanent medical school in this city.

At this period the idea of dissections of the human body created visions of horror in the minds of the good citizens of Albany, and a professor in a medical college in this State had the philanthropy to inform Dr. March that his attempts to teach anatomy from the recent subject would necessarily result in his receiving a fracture of the cranium. No premium for insurance on the doctor's head was paid, and yet he had the temerity to make the attempt, which proved eminently successful. It may be noticed, as rather a singular coincidence, that the first course of lectures was delivered in a small building which had been known as the Albany Female Academy, and now distinguished as one of the most splendid and flourishing institutions of the kind in the United States.

In 1822, Dr. March, and four of the most respectable physicians in the city, were associated for the purpose of lecturing upon various branches of medical science; but in consequence of *sickness* and other causes, Dr. M. was left alone in the prosecution of his enterprise. In the following year a more numerous class attended his lectures, and in 1824 he received some assistance from Dr. Jonathan Dorr, of Washington County, whose lectures on surgery were well received by a still more numerous class.

In 1825, 26 and 27, Dr. March continued his lectures as usual, excepting that he entered more largely into physiology and operative surgery. In the fall of 1825 he received the appointment of Professor of Anatomy and Physiology in the Vermont Academy of Medicine, which brought him in immediate connection with Dr. William Tully, with whom he made an arrangement for uniting their exertions in January of 1828, for paving the way to a permanent medical institution in Albany. It is needless to add that the lectures of Dr. Tully were given with his usual ability and address. In the fall of 1829 Dr. Tully accepted a call to fill the chair of *Materia Medica* and Therapeutics in Yale College, which again left Dr. March to his individual exertions.

In Dr. M.'s introductory lecture to his course commencing in January, 1830, he dwelt upon the necessity of establishing a medical college, and also a hospital, in this city. His lecture was published by the class, and was thus given to the public.

In 1831 some assistance was rendered by Dr. Henry Bronson, and in the following year arrangements were made for the delivery of a full course of lectures, and the tickets were to be received at the Vermont Academy of Medicine towards graduation. In accordance with this

arrangement, in 1833 the following gentlemen gave a full course of medical instruction. On Chemistry and Natural History, Mr. H. Stevenson; on Anatomy, Physiology and Operative Surgery, Alden March; on Obstetrics and Diseases of Women and Children, Henry Greene; on Pharmacy, *Materia Medica* and Therapeutics, William Tully; on the Principles and Practice of Surgery, Theodore Woodward; on the Theory and Practice of Medicine, John James. About 50 students attended this course. Notwithstanding the success attending their efforts, the arrangement was dropped by the lecturers in consequence of the dissatisfaction of one of their number, and Dr. March gave his course without assistance in 1834 and 5.

Previous to this time the Legislature had been petitioned for an act of incorporation, but the bill was not acted on during the session.

In the seasons of 1836 and 7, Dr. March received the aid of Dr. James H. Armsby, who had been appointed to fill the chair of Anatomy and Physiology in the Vermont Academy of Medicine, upon the resignation of Dr. March in 1835. The Legislature was again petitioned, and but two votes were wanting to carry a two thirds bill through the popular branch of this body. In the winter of 1837, Dr. Armsby gave a highly popular course of lectures with demonstrations from the *recent subject*, to a numerous and highly respectable audience of citizens and students.

In 1838, the Corporation of the City of Albany, with a noble liberality, presented a lease for a term of years to a Board of Trustees, of an expensive and very large building, for the purposes of a medical college, and the citizens responded to a call made on their public spirit by contributing over \$5000 for necessary alterations and fixtures, and continue almost daily their donations for beautifying and improving the edifice of an institution in which they begin to feel a laudable pride.

Dr. March has the largest and most interesting private collection of anatomical and pathological specimens, it is believed, in the United States; with the addition of the collections of the other Professors in comparative anatomy, &c., the anatomical museum of this college will bear a comparison with any in this country. Professor Emmons adds his splendid cabinet of minerals, enriched by a great number of geological specimens of the United States and other countries. Thus much on the origin and present condition of the Albany Medical College.

The *ultimate design* of the Trustees and Faculty is to raise the standard of medical education, and to give an additional impulse to the advancement of science in the empire State; to ask of other institutions nothing "but what is clearly right, and to submit to nothing wrong."

It is freely admitted that this College is not yet incorporated; but its friends confidently expect and believe that its existence will be recognized by the Legislature during the ensuing winter; at all events, arrangements have been made by which the student will be secured all the advantages and immunities that an act of incorporation would bestow, and are thus placed upon a par, in these respects, with the most favored colleges in this or any other State.

I am, Sir, very respectfully, yours, &c. W. NEWCOMB.

N. B.—The lecture term for the ensuing winter commences on Wednesday, the third of January, and continues sixteen weeks. Lecture fees, \$65 ; matriculation, \$5 ; graduation, \$20. W. N.

NEW ENGLAND ASTER. *ASTER NOVANGLIA*.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—About forty years ago Dr. Baldwin, of West Stockbridge, who was esteemed by Dr. Sergeant, sen., as a very judicious physician, had the care of Mr. Barnes's son, say 10 years old, with an affection of the herpetic kind, a painful, tedious case, called salt rheum, on one leg from the knee quite down on to his foot. Many things had been used, and a mercurial course, without relief, and the doctor was ready to despair of curing the boy. While dressing his leg, one day, an Indian woman passing the house, called, and on seeing the leg, says, *I think I can give you herb will cure that boy*. What herb? says the doctor. She says, *I call 'em Indian scabious* ; a strong decoction of the herb made and applied by washing the sores twice a day, and laying over a cerate plaster, and drinking of a tea of this herb several times daily. It appeared to be beneficial in a few days, and the cure was effectual. The doctor made a fair trial of the medicine. I was induced to seek for a name, and add it to my list of articles for eruptive disorders. We then had a man here very useful in diseases of beasts, who had a name for many vegetables, and his name for it was beeweed (and now known by that name), because it flowered late (the middle of September), and continued to blossom, one stalk after another, generally till the frost destroyed it, so that it was an autumnal feast for the bees. I have considered it a species of aster, and as there are a host of herbs of that name, I have long wished to have it particularized. A few days since I spent half an hour with Professor Chester Dewey, now of Rochester, who is delivering lectures now to the students in Pittsfield. He assured me that it was the New England Aster, *Aster Novanglia*, and had no other name—so beautiful and fragrant it might adorn a flower garden in the fall.

He also told me that the article I had so long called cow-parsnip, was in Eaton's Botany called *Smyrnum aureum*, afterwards *sison aureum*, and finally *zizia aurea* by a French botanist. I asked for the English of *zizia*. He said he did not know that in French it meant anything more than simply an *herb*. So that it appears that the old hysterical herb *imperatoria*, masterwort, must claim the name of cow-parsnip, and Bartlett's epileptic remedy must be called by the name of *zizia aurea*, the golden herb. But it may be a long time before it loses its name of *spondylium*, *cow-parsnip*, with the inhabitants of the counties of Hampshire and Berkshire, or of Connecticut, having retained it, probably, two centuries. Excuse the digression.

Some years since, say thirty, visiting a friend fifty miles from home, on riding out one day we passed a large growth of said aster in full

bloom, so beautiful and of such a flavor he observed, "I should think that this might be medicinal." I replied, it is useful for the salt rheum, but not a sure remedy. He instantly dismounted, saying, *there is a young woman in our neighborhood, who has sat six successive winters with folded arms, plastered and almost useless, and can do very little after the frost comes, and begins now to complain. She shall try it.* My said friend some years after told me that said young woman was so relieved by washing and drinking, as the said Indian woman directed, that in a few weeks she was able to do her necessary work, and persevered using it so that she was cured and had nothing of the complaint any more. The two cases related are the only ones I have known where the aster alone was used. It has been useful in many instances in mitigating the complaint, and probably curing some others. This aster is with us yet in full bloom. It is probably described in some Botany, but not in Eaton's. A tea made from barley malt, sarsaparilla and this aster (the tops and flowers), and so bittered with fumitory as to resemble beer in some measure, I consider a useful drink while curing eruptive disorders. My circumstantial relation of cases may be accepted as an acknowledgment of obligation to the despised Indians.

I consider the name of an article of but little consequence, unless it is of use to me as a medicine. I now have the botanical name of an herb, given by an Indian to good effect in a case of nephritis, which I have long esteemed but never saw yet in any dispensatory, though known to many. If not prevented, I may probably give the account of its use by the Indians, and of its good effects in several cases.

Excuse haste and errors. I should have wrote some days sooner had not avocations prevented.

Your friend,

Stockbridge, Ms., 22d Sept., 1838.

O. PARTRIDGE.

MEDICAL ESSAYS.—NO. I.

[Communicated for the Boston Medical and Surgical Journal.]

WHETHER we regard the human frame as one whole, or consider, distinctly, the structure and relative position of its several parts, we are alike convinced of the wisdom, skill and benevolence of its great and divine Architect. For my own part, it has appeared to me quite as proper to assert that the *undevout anatomist is mad*, as it is that the *undevout astronomer* is so. But nothing so particularly engages my attention and induces me to admire the structure of the human frame, as that peculiar *balance* or *equilibrium* observable in its several organs and functions—a balance so nicely adjusted as to afford in itself a kind of guarantee of good health and long life. Hence it is not improper to remark, that when all the functions of the body are in a healthy state, and no morbid or disturbing agent or influence intervenes to prevent their proper operation and co-operation, the result will invariably be the blessing of good health. "There is," says a late writer, "an *internal elasticity* given to the human system, by which it is able to resist, without perma-

nent injury, the ordinary vicissitudes and morbid influences to which it is exposed."

Medical writers, and especially the older writers, manifest a strong attachment to the Latin phrases, *vis medicatrix naturæ* and *vis conservatrix naturæ*; but in many instances seem to signify little more by these phrases than mere vital energy or elasticity. And it is only when they have so far degraded themselves by that enthusiastic superstition that gives to nature a *personality* altogether unreal or imaginary, that they have been able to make anything more out of these phrases than mere vital energy. It is true, the elasticity alluded to, takes place according to a natural law, although its action may be modified or become different in different constitutions. But whether we make use of the term *elasticity*, or any other term, it is certain that little else is meant by it than a vital action or movement in the system, which is properly characterized by its being on the alert to restore every waste that may occur, regain every the least depravation of life or health, and ward off the attacks of everything that is hostile to the well being and comfort of the body. "When the system," says Caldwell, "is assailed by febrile miasm, its powers must *confederate* to resist the posion, or disease will ensue." This *confederacy*, continues he, is what I understand by *vis conservatrix naturæ*. "And hence it may be considered a maxim in pathology, that the more perfect any one's health is, the more successful will be the resistance of the *conservative power*." But what, let me ask, does this noted *conservative power* amount to, more than that each and every organ or tissue of the frame, being in a sound and healthy state, possesses a strong natural inclination to continue in that state, and will so continue, until the *stimulus of nutrition* (if it may be called so) upon which it depends, is diminished or withheld.

"*Irritability*" is said, by Dunglison, "to be a power possessed by organized bodies of being acted upon by certain stimuli; and *irritation*, the state of a tissue or organ, in which there is excess of vital movement." According to Broussais, "irritation is the condition of an organ, the excitation of which is carried to so high a degree, that the balance of all the functions is broken." This excitation I suppose he means is accomplished by certain morbid or hurtful stimuli. Magendie tells us that "vital action depends on nutrition;" and nutrition, according to Dunglison, is that function by which the nutritive matter loses its own nature and assumes that of the different tissues, to repair their losses and support their strength." Another author briefly defines irritation to be a "hurtful impression upon the nerves." The blood (for illustration) may be said to nourish the whole system, either by way of excitation or stimulus, or by an actual transudation or transfer of the nutritive matter to the different tissues; but whenever the blood assumes a morbid state, it then affects the bloodvessels, by way of what may be called the *stimulus of irritation*.

Our main object, however, in thus presenting this matter, is to show that *morbid irritation*, strictly speaking, is *not the proper result of healthy stimuli*—those stimuli that are the prompters and supporters of vital movement. The over quantity or bad quality of the blood, in the

case supposed, we would say, becomes an unhealthy stimulus, or a stimulus that is so excessive as to break the balance of the system. More particularly, we would say, where morbid irritation takes place in any particular organ or tissue, the proper stimuli acting upon that organ in a healthy state will become morbid by *excess*; and also, through some physical or natural deficiency or incompetency in the organ itself, a similar effect will be produced. Healthy stimuli, as such, cannot be the proper occasion of a morbid condition of an organ that has a sound and healthy action. For instance, an individual takes an over quantity of food, at a time when every organ and tissue of the body is in a healthy state, and the food being supposed to be perfectly wholesome and nutritious; we contend that he would not necessarily incur any serious injury or irritation. It is admitted that very small excesses in eating or drinking will readily discompose a person of an irritable temperament or nervous habit. That the nervous filaments or capillaries of the skin, and mucous membrane of the digestive tube, owing to their extreme tenuity or delicacy of fibre, should be readily disturbed or disordered, by the mere contact of an acrid stimulus, would seem to be obvious; and that the prevalence of such a contact would be hurtful to the nerves, and occasion what some call inflammation. The proper meaning of inflammation is a burning pain; but it has obtained a more extensive acceptance, even so as to include "every local exaltation of the organic movements which may disturb the harmony of the functions or disorganize the texture in which it is situated." It is also said to extend to "irritations which do not induce disorganization of the textures." There is scarcely any organ or texture of the body, but what is liable to inflammation; and, indeed, any organ which may be irritated, may be said to be inflamed. But we aim more particularly at present, to attach some definite meaning to the term irritation. And in our humble opinion, if the term had never been used, only to signify some morbid or hurtful stimulus or impression, much of the obscurity prevailing among those who have treated upon it, would have been avoided.

It would seem, then, from the above remarks or definitions, that there are two sorts of irritants: viz., healthy stimuli exalted or carried to excess, and thus rendered irritative; and such stimuli as are acrid or morbid in their own nature. Malaria, or febrile miasms, are of the latter sort. We cannot pretend to determine the precise mode in which malaria act upon the system; but we think it more than probable that all irritants make a bold attack of some sort upon the capillaries, which may produce an unnatural and painful contraction of the muscles, as well as a morbid and painful sensibility in the nerves. The subject of the *nerves* is involved more or less in obscurity; and in even glancing at the subject it becomes us to use the greatest simplicity and perspicuity. Those diseases which are appropriately called *nervous*, are at present very imperfectly understood. So far, however, as we shall have occasion to allude to these diseases, we will endeavor to avoid the use of *hard words*. It is indeed the *opprobrium*, and perhaps *odium*, of the medical profession, that it should be under the necessity of making use of so many

terms which are unintelligible to people in general. We have already mentioned morbid influence, morbid impression and morbid sensibility, stimuli, irritants, &c. ; but we would apprise the reader, that in the use of these terms, we do not necessarily mean that the nerves alone are affected.

Sensibility, it is said, “ means the property possessed by living parts of receiving impressions.” We will suppose an individual has taken an over quantity of food, the consequence of which is an unusual distension and unnatural motion of the stomach, and in which the nerves of the stomach are implicated. A morbid impression upon the stomach, however, does not of course imply a pre-existing morbid sensibility in the nerves of the stomach. An individual in good health, going to a southern climate, may be more liable to the diseases of that climate, than one whose health is more delicate. This, however, will not, of course, be owing to any pre-existing morbid sensibility of the nerves. Johnson, in his valuable work upon tropical climates, may possibly have given currency to the notion (whether he intended it or not) that the people, in warm climates, are characterized by a morbid sensibility of the nerves, whereby disease is more readily propagated among them. To such a notion, however, we feel ourselves unprepared to subscribe. A residence of more than three years, in a warm climate, has enabled the writer to observe, that persons immigrating from the north to the south, characterized by a fulness of the vessels or a plethoric habit, are more liable, at least, to sudden attacks, than those whose health is more delicate ; and we would allege that this could not be attributed to any pre-existing morbid sensibility of the nerves. Any little excess in eating and drinking, and any exposure to a change of weather in that climate, seemed more sensibly to affect those immigrants who were of a plethoric habit. We shall not stop here to settle the point whether the capillary pulp of the skin, the mucous membrane of the digestive tube, or the inner surface of the lungs, is the channel through which the inflammatory fevers of warm climates are introduced. We think it plain, that in the case of an individual immigrating from the north to the south, the capillaries becoming more or less relaxed, will be more or less liable to excitation, to say the least ; and it is said to be “ an acknowledged law of the animal economy, that when any part of the body is once put into a state of excitation, there is a greater flow of blood than natural in that direction.” It is a belief that has obtained very much at present, that the febrile miasms of warm climates make their first and most irritative attack upon the ganglial nerves terminating in the inner surfaces of the lungs.

DR. COLLINS ON TURNING.—“ I know of no operation more truly dangerous, both to mother and child, than the artificial dilatation of the os uteri and turning the child ; and confident I am, that the practitioner who adopts such a line of practice, *except from strict necessity*, will often have abundant cause to regret his proceedings.”

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, OCTOBER 17, 1838.

MEDICAL LECTURES IN BOSTON.

THE annual course of medical lectures will soon commence at the Medical College in this city ; and as the facilities for acquiring a thorough knowledge in all the departments taught, are excellent, we take much pleasure in calling the attention of students to the claims of this well-regulated institution. From a long acquaintance with the usages and conveniences of other schools, for acquiring a knowledge of practical anatomy, the foundation of all success in operative surgery, we do not hesitate to give the preference to this. The dissecting room is remarkably well constructed, and most ample provision is made for every one at all desirous of pursuing dissections in a quiet, regular and systematic manner, under the constant eye of an accurate demonstrator. We understand that Dr. Jeffrey Wyman has been appointed to that office, whose qualifications are of a high order. Since the close of the last term, Dr. Warren has returned from Europe, and will now resume his accustomed course of instruction in the chair of anatomy and surgery. In connection with the daily discourses and demonstrations at the college, the clinical lectures at the Massachusetts General Hospital are invaluable to the student. He there has an opportunity of witnessing almost every variety of operation referred to by authors, in the most skilful hands too. Those who have been medically educated in Boston, will know how to appreciate these observations.

Counsellors' Meeting.—On Wednesday, October 3d, a quarterly meeting of the Counsellors of the Massachusetts Medical Society was held at the Athenæum. Although the weather was favorable, only twenty members were present. At eleven o'clock, the president, Dr. Shattuck, took the chair, and the secretaries laid before the members the business to be acted upon. A catalogue of those who have recently become fellows, was read, but we could not pen the names and residences of the gentlemen as fast as they were announced. A petition was presented for a charter of a new district society, to be called the *Southern Medical District*—the place of meeting being New Bedford. It was voted, among other things, that the committee on publications should prepare a volume for distribution at the next anniversary. Eli Ives, M.D., of New Haven, Conn., and George McLellan, M.D., of Philadelphia, were unanimously elected honorary members of the Society. Nothing of much interest to the profession was transacted, besides the foregoing, and before one o'clock the council was dissolved.

Phrenological Lectures.—Mr. George Combe is now in this city, and those who entertain any respect for the science which he most eloquently advocates, could not listen to higher authority. Since the death of Dr. Spruzheim, Mr. Combe has been regarded as the strongest champion in

Europe, of the cause to which that celebrated man devoted his whole life. Those especially interested in legal medicine would derive profit from Mr. Combe's discourses. If he falls below the estimate we have formed of his powers, from the representation of his foreign admirers, we shall be quite free to make strictures according to our own convenience.

Albany Medical College.—A circular, in the form of a pamphlet, of thirty-four pages, has been sent abroad, which explains most fully the objects and prospects of this newly created institution. A spacious and commodious building near the capitol, one hundred feet in length, by fifty in width, exclusive of the wings, and three stories high, has been fitted up for the purposes of the college, by the liberality of the citizens and corporation of the City of Albany. From a printed catalogue of the articles constituting the anatomical museum, it must already be considered a splendid cabinet—the apartment being fifty feet square, twenty-six high between floors, surrounded by a gallery eight feet in width, furnished with glass cases. The college evidently appears to be destined for high distinction.

Leeches.—The profession of the city and its environs is respectfully directed to an advertisement in this day's Journal, in relation to leeches. Mr. Fowle not only promises a positive supply, but also pledges himself to forward them to any distance with safety. This is a proposition so entirely new, and at the same time of so much consequence to practitioners, that, with the present railroad facilities, any physician in the neighborhood of the country depots, may receive leeches from Boston within a few hours after they have been ordered. From a knowledge of the manner in which the advertiser transacts business, we have implicit confidence in his promptitude.

Rhode Island Medical Prize Questions.—The fifth Fiske fund prize dissertation, by James Fuller, M.D., of Providence, on *Scarlatina Anginosa*, will soon appear in the Journal, the manuscript having been received. The questions for 1839 are the following, viz.—1st, The Medical Botany of Rhode Island; 2d, Erysipelas, its varieties and the best mode of treatment. Dissertations to be sent, free of expense, before the first of May, to U. Parsons, M.D., Providence; N. Manchester, M.D., North Providence; or E. Fowler, M.D., Smithfield, R. I.

Bell's Medical Library.—The eleventh number of the second volume of this valuable periodical, completes the interesting "Curiosities of Medical Experience," by Millingen, and commences the Medical Clinic of Andral. Though we are promised, for the present, only so much as relates to the diseases of the encephalon, it is hoped that we shall not long remain without the volumes on the diseases of the thoracic as well as the abdominal viscera. The works of Andral will be found a treasure in the physician's library, and should be placed there as early as possible.

Medical Miscellany.—Only two deaths occurred the last quarter, ending Sept. 30, in the Chelsea Marine Hospital. The whole number of

patients in the same time was 190. Dr. Stedman is certainly very successful in his practice. If possible, it would have given us pleasure to mention the number of operations for the last three months.—Without specifying the name or character of the disease, the papers say that sickness prevails to an alarming extent throughout the northern part of Indiana, and through Michigan and Illinois. It is generally attributed to the dry sultry weather.—At the sixth annual meeting of the British Provincial and Surgical Association, at the City of Bath, Dr. J. C. Warren, of Boston, and Dr. R. Dunglison, of Philadelphia, were appointed honorary corresponding members.

Whole number of deaths in Boston for the fortnight ending Oct. 13, 82. Males, 39—females, 43.

Of consumption, 12—dropsy on the brain, 2—wound, 3—phthisis, 1—erysipelas, 1—delirium tremens, 1—disease of the heart, 2—convulsions, 2—old age, 1—hooping cough, 1—rheumatism of the heart, 1—canker, 1—teething, 2—cholera infantum, 10—infantile, 6—lung fever, 1—dysentery, 6—apoplexy, 1—scarlet fever, 3—typhous fever, 2—bilious fever, 1—diarrhoea, 2—marasmus, 3—canker in the bowels, 3—chronic diarrhoea, 1—bilious colic, 1—dropsy in the abdomen, 1—hæmorrhage from a wound, 1—burn, 1—croup, 1—stillborn, 1.

TO PHYSICIANS.

A PHYSICIAN residing about 15 miles from Boston, desirous of relinquishing practice, wishes to dispose of his estate. The land, about 14 acres, is well cultivated and stocked with trees, the buildings good, and the practice, having been in possession of the present occupant more than 30 years, a valuable one. With good security, the time of payment may suit the purchaser. Inquire at this office; if by mail, post-paid.

Oct. 17—5t

AN EXCELLENT CHANCE FOR A PHYSICIAN.

THE subscriber, the only physician in the town, offers his stand for sale, situated in Lempster, N. H. in a pleasant village, consisting of an excellent two story house, well finished and nearly new, with a back kitchen, wood house and barn, so constructed as to make it a very desirable situation for a physician—a good well of water under cover by the kitchen door. About one acre of land, under high cultivation. The town contains over 1000 inhabitants. Nearest physician from five to seven and a half miles. Price less than \$1000.

Oct. 17—3t

TRUMAN ABELL.

NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,

Oct. 17—lyeop

33 Prince St. corner of Salem St. Boston.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	- - -	DR. WARE.
On the Principles and Practice of Surgery,	- - -	DR. OTIS.
On Anatomy,	- - -	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct. 18—tf

HARVARD UNIVERSITY—MEDICAL LECTURES.

THE Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by	- - - - -	DR. J. C. WARREN.
Midwifery and Medical Jurisprudence, by	- - - - -	DR. CHANNING.
Materia Medica and Clinical Medicine, by	- - - - -	DR. BIGELOW.
Principles of Surgery and Clinical Surgery, by	- - - - -	DR. G. HAYWARD.
Chemistry, by	- - - - -	DR. WEBSTER.
Theory and Practice of Physic, by	- - - - -	DR. WARE.

Circulars of the Medical and Surgical Practice of the Hospital may be had of the Dean.

WALTER CHANNING,
Dean of the Faculty of Medicine.

Boston, July 23, 1833.

Aug 1—tN

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

THE Lectures in this Institution will commence on the first Monday in November, and continue for four months.

J. AUGUSTINE SMITH, M.D., Professor of Physiology.

ALEXANDER H. STEVENS, M.D., Professor of Clinical Surgery. (Lectures at the New York Hospital.)

JOSEPH MATHER SMITH, M.D., Professor of the Theory and Practice of Physic and Clinical Medicine.

EDWARD DELAFIELD, M.D., Professor of Obstetrics and the Diseases of Women and Children.

JOHN B. BECK, M.D., Professor of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Professor of Chemistry and Botany.

JOHN R. RHINELANDER, M.D., Professor of Anatomy.

ALBAN G. SMITH, M.D., Professor of the Principles and Practice of Surgery.

ROBERT WATTS, JR., M.D., Lecturer on Special Anatomy.

The expense of attending a course of Lectures by all the Professors, is \$108.

Attendance upon two complete courses of Lectures is necessary to entitle the student to present himself for graduation, one of which must have been attended at this College. He must also have studied medicine three years, and attained the age of twenty-one years.

Two opportunities in each year are afforded for graduation; one on the first Tuesday in April, and one on the last Tuesday in October.

The examination of Candidates for the Spring graduation commences on the first of March, and for the Fall graduation on the 2nd Tuesday in September.

College Building.—During the last year, the new and extensive College edifice in Crosby Street has been completed. In its construction, no effort has been spared to provide within its walls every accommodation that may be necessary for carrying on the business of instruction in the various departments of Medical Science, and it is believed that in no one respect will it be found wanting in the great objects for which it was designed. To the planning of the Anatomical part of the building, especial attention has been paid, with the view of furnishing every convenience and accommodation that may be required for teaching Anatomy, as well as for private dissection. In addition to the public dissecting room, a number of smaller rooms have been fitted up, where Anatomical investigations may be pursued in a more retired and private manner.

New York Hospital.—This Institution accommodates about two hundred and fifty patients, and presents every variety of disease and accident to which the human frame is liable. Situated in the very heart of the city, and within a few minutes walk of the College, it possesses the great advantage of being easy of access, without any loss of time, and the students have daily opportunities of witnessing the practice of the house.

New York Ear and Eye Infirmary.—The average number of patients who resort annually to this Institution, for professional advice, amounts to upwards of one thousand. It thus furnishes the amplest field for observation and instruction in the various diseases of the Eye and Ear. It is opened gratuitously to the students of the College.

J. AUGUSTINE SMITH, M.D., President.

N. H. DERING, M.D., Registrar.

New York, June 25, 1838.

Aug 29—tN1

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.

H. I. BOWDITCH, M.D.

J. V. C. SMITH, M.D.

H. G. WILEY, M.D.

July 25—eoptN—emtJy

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by - - - - DR. BIGELOW.

On Anatomy and Surgery, by - - - - - DR. REYNOLDS.

On Midwifery and Chemistry, by - - - - - DR. STORER.

On Physiology and Pathology, by - - - - - DR. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1838.

Aug 22—ep3m

JACOB BIGELOW,

EDWARD REYNOLDS,

H. HUMPHREYS STORER,

OLIVER W. HOLMES.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 131 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIX.]

WEDNESDAY, OCTOBER 24, 1838.

[NO. 12.]

FISKE FUND PRIZE DISSERTATIONS OF THE RHODE ISLAND MEDICAL SOCIETY.

NO. V.—BY JACOB FULLER, M.D., PROVIDENCE.

[Communicated for the Boston Medical and Surgical Journal.]

At a meeting of the Fiske Fund Trustees, held at *Providence, R. I.*, on the 26th of June, 1838, it was decided that the Dissertation bearing the motto, "*For want of timely care, millions have died of medicable wounds.*"—ARMSTRONG—and which, on breaking the seal of the accompanying letter, was found to be written by Jacob Fuller, M.D., of Providence, was entitled to the premium of *fifty dollars* offered for the best Dissertation on the question, *What are the causes, nature and best mode of treatment of Scarlatina Anginosa?* In awarding the premium to this Dissertation, neither the Trustees nor the Rhode Island Medical Society hold themselves responsible for its doctrines or the treatment recommended.

Signed,

{ USHER PARSONS,
NILES MANCHESTER,
EZEKIEL FOWLER.

"What are the Causes, Nature and best mode of Treatment of SCARLATINA ANGINOSA?"

SCARLATINA is a term derived from "*Scarlatto*, the Italian for a *deep red*," and though barbarous with respect to the Latin language, has been so long in use by most writers of the modern systems of nosology, that it cannot well be displaced by the more classical term *Rosalia*, which Dr. J. M. Good has made an effort to restore. The name of this disease, like many others, is derived from one of its symptoms.

The term scarlatina is employed to distinguish a disease attended with fever, sore throat, and an eruption on the surface, which appears on or between the second and fifth day of the disease (reckoning from the commencement of the indisposition), first on the face, neck and chest, and progressively spreading over the whole body, terminating with a desquamation of the cuticle between the fifth and ninth day of the disease.

The surface of the body, when covered with the rash, has often the appearance of being dusted with red pepper; at other times the eruption appears in red patches, from the size of a finger-nail to that of a silver dollar; but more often these patches coalesce, forming a bright red surface over the whole body, very much resembling the shell of a boiled lobster, and frequently the eruption is attended with minute vesicles.

Scarlatina has been divided into three species, including, among the number, the cynanche maligna of Dr. Cullen, or scarlatina sine eruptione ; but we object entirely to this division, inasmuch as it is not founded in nature, nor on pathological considerations. We know of no distinct varieties of this disease, except those produced by the attending fever. When the simple inflammatory fever accompanies the eruption, it corresponds exactly with the distinct smallpox ; but when the attending fever is either an inflammatory or a congestive typhus, the symptoms are the same as in the confluent smallpox. The two kinds of measles, called the common and the black, should also be distinguished by the accompanying fever, and the same may be said of all eruptive diseases. Hence in scarlatina, and other eruptive as well as common fevers, there are two grand varieties, which may be distinguished by the names of *synocha* and *congestive typhus*. Between these two there are many shades and subdivisions, or different combinations ; but the two extremes are a mild *synocha* and a congestive typhus, or the typhus gravior of the old writers. The pure congestive form of scarlatina is very rare ; but it is common to see a combination of inflammatory with congestive symptoms. When the disease is attended with the congestive typhus, the rash is imperfectly thrown out, and soon assumes a raspberry or a dark purple color, like the measles, accompanied with the same fever, and like them is apt to recede entirely. Sometimes this fever is accompanied with petechiæ, bleeding from the gums, liver, bowels and other organs.

During the continuance of an epidemic scarlatina, we have repeatedly observed, in the different members of the same family, every form of the disease, from the mildest to the most severe. This observation will also apply to both forms of smallpox, some of the members of the same family having the distinct, whilst others have the confluent, though all may have received the contagion at the same time. The different forms of the disease in different individuals, are to be sought for in their different constitutions ; but independent of a constitutional predisposition to either *synocha* or typhous fever, there is a particular constitution of the atmosphere which predisposes to either one or the other of these fevers, for all practitioners have observed the scarlatina to be more malignant in some years than others. Furthermore, whenever eruptive fevers become epidemic, they are usually accompanied with the same kind of fever, which prevails throughout a large tract of country at the same time, whether *synocha* or typhus. Also, whenever the inhabitants of malarious districts are attacked with scarlet fever, it commonly assumes the remittent or the intermittent form of the miasmatic fever of that location. These facts were long ago observed by Dr. Sydenham, and have been too much neglected by modern writers on the subject of febrile diseases.

If the above views of the exanthemata be correct, the eruption in all of them is of no manner of consequence in the treatment, further than as an index to point out the particular kind of the accompanying fever. For if the fever be judiciously treated, the eruption will take care of itself—or, in other words, if the attending fever be either *synocha*, ty-

phus or congestive typhus, let the practitioner treat it accordingly, as he will not then be led astray by names, more especially if he takes into consideration the type of the other prevailing fevers of the same season.

The humoral pathologists believe the fever to result from a fermentation and concoction of the humors, by which the offensive matter is thrown to the surface of the body, producing the eruption. That the fluids of the human body become contaminated with the peccant matter during the progress of eruptive diseases, we are assured by the child becoming affected with smallpox in utero, and also by some of the eruptive diseases having been communicated by inoculation with the blood of the diseased. Still, however, the eruption should be regarded as a mere symptom of this class of diseases.

With respect to the primary seat of irritation from the poison of scarlatina, we think, with M. Broussais, that the first link in the chain of morbid action commences in the mucous membrane of the alimentary canal, producing a gastro-enterite; and the stomach being the centre of the morbid irritation, the diseased action is extended by sympathy to the brain, liver, pancreas and lungs, which eventually causes cold chills, followed by fever.

When, in the congestive form of scarlet fever, nature makes an effort to remove the diseased action from an internal vital part to the surface of the body, a part less essential to life, she seems to falter, and the reaction, accompanied with eruption, either does not at all, or imperfectly takes place.

"After a long and patient investigation," says Dr. Mackintosh, "comparing the symptoms found on dissection, I have come to the opinion that the mucous membranes are the seat of the disease, the nature of which is inflammation more or less acute and extensive, and that the part most generally implicated is the mucous membrane of the lungs, particularly in measles and smallpox, whilst that of the stomach and bowels is the part chiefly, if not principally, affected in urticaria, roseola, rosalia and miliary fever. The eruption is merely to be regarded as a symptom.

"It is well known that many cases of eruptive fever are very mild, and require little treatment, whilst others are extremely severe and fatal; and that a great deal depends upon the eruption, whether it comes out at the usual period, and whether it remains out, or prematurely or suddenly recedes. The eruption, in point of fact, ought to be regarded as a natural blister, acting as a counter-irritant. It is produced by powers inherent in the constitution, which enable it to remove so much of the diseased action from an internal organ, the functions of which are more immediately necessary to life. In slight cases, I conceive the eruption is in proportion to, if it do not exceed, the amount of the internal disease. There can be no doubt that the eruptions are produced by inflammation of the cutis, which consequently must take off so much of the determination of the blood, and so much of the diseased action from the internal organs."—*Vol. I., p. 183, Practice of Physic.*

In all eruptive disorders attended with fever, some of the most impor-

tant organs become deranged and fail to perform their healthy functions, and the whole system is oppressed and labors hard under the constitutional commotion excited by the disease. For some days previous to the eruption, and often during this stage, respiration labors as at the commencement of bronchitis; the brain is also often affected, and delirium, lethargy, or coma, accompanied with convulsions, especially in children, often follow. Hence the eruption is tardy in its appearance, or is imperfectly thrown out. But when the rash appears early in the disease, and is of a bright red color, a decided amelioration of the symptoms follows, and the patient is no longer subject to convulsions; although the irritation and inflammation on the surface of the body be so great that the fever is still kept up, and does not abate until the eruption begins to fade, and desquamation to commence.

All physicians acknowledge the danger which exists, when the eruption is deficient, or when it prematurely recedes, which is usually the case in all eruptive diseases attended with congestive fever. But from whence is the danger? Not, we opine, from the afflux of blood again to the original seat of the disease in the mucous membranes of the *primæ viæ*, but to some important internal viscus, such as the liver, spleen, lungs and brain, causing congestions, and a *masked inflammation* (if we may be allowed the term), which cannot develop itself—the crowded state of the vessels of the organ implicated, preventing reaction—a state of the system which is sure to be followed by death, unless the circulation can be equalized, and the superficial bloodvessels receive their proper share of the vital fluid.

“The inflammation of the skin is the great characteristic of the disease,” though in some particular seasons it appears without any accompanying rash, when it is called *cynanche maligna*, or *scarlatina sine eruptione*. The affection of the throat is generally present, but in some rare forms it is wanting, when the disease is called *scarlatina sine anginâ*. This is the mildest form of the complaint, and scarcely requires medication; but the *scarlatina sine eruptione* is one of the most severe forms of the disease, and under the common name of putrid sore throat is known and dreaded throughout the United States as one of the most fatal diseases.

Scarlatina, of every kind, is generally accompanied by a remarkable prostration of strength, both physical and mental, sometimes to such a degree as to occasion death in a few hours, or in a few days. Post-mortem dissections prove the lesions in this disease to be those produced by inflammation of the brain and its membranes, also inflammation and congestions of the liver, lungs, spleen and mucous membranes of the stomach and bowels; sometimes the mucous membrane becomes ulcerated.

The above pathological observations are deemed necessary in order to direct our attention to a judicious treatment of scarlatina, as well as all other eruptive fevers; for the general appearance of the whole family is so much alike, that if the attending fever is not mistaken, success will generally follow the employment of the same kind of remedies in either of them.

Most writers on the subject agree that the scarlet fever arises from a

specific contagion, which lies dormant in the system from three to ten or twelve days. The contagion spreads more freely, and the disease is more fatal, among the poor than the opulent—and it attacks infants and persons under twenty years of age much more frequently than persons above that age. The individual, when once attacked, generates a poison of the same kind, which becomes diffused in the atmosphere, and spreads the contagion to other persons. The propagation by fomites is acknowledged by all, and children recovering from scarlatina sometimes communicate the disease to other children, for two or three weeks after the fever has subsided.

The scarlatina, like the smallpox and measles, usually attacks the same person but once during life, though there are many exceptions to this general rule; yet the same individual is often subject to repeated attacks of the angina sine eruptione, accompanied with fever.

Scarlatina often prevails as an epidemic throughout an extensive range of country, and it appears to us that there is a peculiar state of the atmosphere which favors the diffusion of the contagion, and which ceases to act whenever this predisposition in the air has passed away. There is likewise some peculiar state or modification of the atmosphere, which causes this and other fevers to be more malignant in some years than others. Different constitutions, and different states of the system in the individuals of the same family, may, however, cause the disease to appear in its mildest and in its severest forms.

Its contagious character is most conspicuous among the poor, who live in crowded, unventilated apartments, where they are obliged to occupy the same rooms with the sick, when the contagion becomes so concentrated, that rarely a single individual of the family, young or old, escapes the disease, though the young are the first to suffer.

Among the opulent who occupy spacious apartments, and confine the sick to different rooms from the rest of the family, and where proper attention is paid to ventilation and cleanliness, the disease does not always spread to other members of the family; and it is much less contagious than either smallpox or measles, which almost every person is liable to take, when exposed to the contagion—whilst many persons resist the contagion of the scarlatina, though often exposed to its full influence.

Whenever the contagion is diffused through the atmosphere, a protracted exposure to cold during the continuance of the epidemic will as certainly produce the disease as exposure to the contagion in a sick room. The houses of the poor, when not cleaned, retain the contagion for a long time. To this cause are to be attributed the occasional occurrence of the disease after the epidemic has passed away.

Diagnosis.—The only diseases for which scarlatina is liable to be mistaken, are the measles and the smallpox. From the measles it is distinguished by the color of the efflorescence and by the ulcerations of the throat, though it is sometimes difficult to distinguish them when the measles is attended with swelled tonsils and a sore throat, as is sometimes the case. But in the measles the eruption appears at a later period, and has more the purple appearance of the raspberry than the

scarlet eruption ; also the catarrhal symptoms, such as hoarseness, sneezing, cough and watery eyes, the constant attendant of the measles, are wanting in the scarlatina. In the smallpox an efflorescence sometimes occurs, which is mistaken for the scarlet eruption ; however, a few days will decide its nature. But, after all, it is not very important to discriminate the three diseases from each other, inasmuch as the treatment is the same in all, a judicious management of the attending fever being all that is required for the safety of the patient.

Prognosis.—In scarlatina the prognosis will depend upon the accompanying fever. In the mildest form, *sine anginâ*, the disease is scarcely sufficient to confine the patient to the house, and rarely requires much medication. But when either a highly inflammatory fever or a congestive typhus attends the disease, the prognosis should always be guarded. The congestive or malignant scarlet fever is a disease of the utmost danger ; some die within the first twenty-four hours, whilst others continue to the third or fourth day, and a few linger on for one or two weeks, but generally the patient is safe if he continues to the eighth or ninth day from the commencement of the eruption. An imperfect efflorescence on the skin, or a retrocession soon after it has appeared, are always unfavorable symptoms, as are also the livid color of the eruption, petechiæ, bleeding from the gums and nostrils, internal hæmorrhage, low irregular pulse, diarrhœa, prostration of strength and delirium. The tongue becoming parched, shining and glossy, livid and glossy cheeks and throat, coma, cold extremities, leaden color of the face and an involuntary discharge of the fæces, are fatal symptoms.

[To be continued.]

DR. ALCOTT'S WORK ON VEGETABLE DIET.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have lately been reading Dr. Alcott's work on Vegetable Diet, and I send you, for publication, such remarks as have been suggested by its perusal. My observations, perhaps, will be somewhat desultory, as I give you my ideas just in the order in which they come into my own mind, without much attention to method.

Dr. Alcott is a worthy and intelligent man, and an industrious compiler and writer. He is one of that numerous class of hard working men, who devote their energies to what they believe to be the best interests of the human race. He is the author of several books, some of them of considerable merit, designed to improve the health and morals of the community. He has done something in the way of diffusing physiological knowledge among the people, and of showing its application in the education of youth. He has also, as he has had opportunity, spoken a good word for the medical profession, and exposed the evils of medical imposture and charlatanism. Though Dr. Alcott has unquestionably done much good, I cannot regard his labors in *dictetics* with much favor. On this subject he is evidently beside himself. As often as he touches it his mind runs riot. He has joined Mr. Graham and a

small band of kindred spirits, and is earnest and eloquent in denouncing the use of flesh, and applauding the virtues of abstinence and starvation. A record of his opinions and the evidence on which they are founded, is to be found in the book before me.

The origin of this book may be learned from the following extract from its pages :

"Twelve years ago, the present season, I was in the first stage of tuberculous consumption, and evidently advancing rapidly to the second. The most judicious physicians were consulted, and their advice at length followed. I commenced the practice of medicine, travelling chiefly on horseback ; and though unable [able] to do but little at first, I soon gained strength to perform a moderate business, and to combine with it a little gardening and farming. At the time, or nearly at the time, of commencing the practice of medicine, I laid aside my feather bed, and slept on straw ; and in December, of the same year, I abandoned spirits and most kinds of stimulating food. It was not, however, until eight years ago, the present season, that I abandoned all drinks but water, and all flesh, fish and other highly stimulating and concentrated aliments, and confined myself to a diet of milk and vegetables.

"In the mean time, the duties of my profession, and the nature of my studies, led me to prosecute, more diligently than ever, a subject which I had been studying, more or less, from my very childhood—the laws of Human Health. Among other things, I collected facts on this subject from books which came in my way ; so that when I came to Boston, in January, 1832, I had already obtained, from various writers, on materia medica, physiology, disease and dietetics, quite a large bundle."

In 1834 Dr. Alcott ascertained that Dr. North, "a distinguished practitioner of medicine in Hartford, Conn.," was engaged in a course of inquiry similar to his own. They agreed to unite their stock of materials. In 1836, Dr. North's health failed him, and the materials which he had collected were placed in Dr. Alcott's hands. The book before us contains the "stock" of both these gentlemen. This stock consists of letters from about twenty-four persons (sixteen of them physicians), together with extracts from the writings of distinguished men, ancient and modern.

It is the design of Dr. Alcott and his associates to effect a radical change, a revolution, in the dietetic habits of the community. They say (and they say with great confidence) that man is naturally a vegetable-eating animal—that an exclusive diet of vegetables is not only safe, but the best calculated to develope and sustain all his energies, mental and corporeal—that animal food is unnatural, unnecessary and injurious, and should be banished from use—that one of our great national evils is the habit of eating too much or too nourishing food—that a great proportion of all our infirmities and diseases is the result of eating "flesh meat"—that sickness and suffering would hardly be known, that life would be almost indefinitely protracted, that old age would be characterized by the greenness and vigor of youth, and that death, at last, would be as easy and as quiet as the sleep of an infant, were their

discoveries in the science of dietetics generally known, and their precepts followed.

Now, how the question stands as to man's *natural* food, it is hardly worth while, in this place, to inquire. Until recently, it was supposed to have been settled in favor of a *mixed* diet, but Mr. Graham, it seems, has settled it again, and on a better foundation. He has made the wonderful discovery that man closely resembles the monkey race, and, consequently, is a frugiverous animal. As for myself, I have little confidence in the anatomical argument, as it is called, whichever way it may be supposed to lead. In the sense in which we speak of the food of animals, man may be said—adult man, I mean—to have no *natural* food. Were he, like the brute animals, dependent on nature for the supply and elaboration of his nutriment, he would starve almost before existence had begun. Thank Heaven, he is not yet reduced to the alternative of perishing with hunger, or roaming abroad in search of roots and acorns; or, if he is ever thus reduced, as in the instance of some no very flattering specimens of our race, because, forsooth, it is best that he should live or die *naturally*, the felicities of his condition have not yet been such (seemingly) as to commend it to very special favor. Man is something more than an organized being—a creature of mere instinct. He has in his constitution other and higher principles than those which actuate and govern the brute world. He has a set of faculties comprehended under the name of *reason*, which place him immeasurably above what certain would-be reformers call “a state of nature.” Were it not for reason, his most urgent wants could never be gratified. He could not be clothed, or fed, or housed. He could not survive a day the dangers which beset him from within and from without. Is he exposed to the influence of cold? Nature has not furnished him with the means of protection. She has thrown him upon an inclement world, naked and without shelter. She will not build his fires, or weave him garments, or construct him a habitation. Is he hungry? He calls upon nature, and she presents him with a stone. She furnishes nothing calculated to satisfy the cravings of appetite. But he has another resource of more liberal promise. He appeals to his intelligence, and finds the means of gratifying all he desires. In virtue of that endowment, he assumes the character of a reasoning and inventive animal. Hence come all the arts of agriculture—the art of cultivating and perfecting the products of nature, the arts of cookery, &c. Our food, in the state in which it first comes to our hands, is not suitable for nourishment. Our organs can find no nutriment in it. They reject it. It first has to pass through the improving processes of the agriculturist or the horticulturist. It afterwards demands the mechanical and chemical changes which are the result of cookery. Its fibres are then fitted to be acted upon by the stomach; or, in other words, it is suited for digestion and for nourishing the body.

It is idle to talk of the natural food of man, in the way we do of that of brutes. Man has no natural food; or, rather, anything is natural, the chemical constitution of which is such that it can be fitted, by the aid of art, for the purposes of digestion and nutrition. Our organs have a sort of negative or veto power on whatever is presented for their action—a

power of receiving or rejecting such substances as have been selected for their use ; but they can have no part in any higher office. Whether, of several kinds of food which reason and our organs have approved and received, the one or the other is, on the whole, the best adapted to develope and sustain the energies of body and mind, is a question of experience entirely. It is not to be decided by loose analogies, by the formation of the teeth, or the length and structure of the alimentary canal ; but by careful observation and experiment. If animal food is injurious in its effects—"the root of all evil," in the words of Dr. Alcott—the fact must be proved by watching its effects ; and this not in one instance only, but in numerous cases, and in a variety of circumstances, and on a large scale. The anatomist is not wanted in evidence. He is not a competent witness, and should be ordered off the stand.

If the question, then, whether animal food is destructive to the human system (I speak, of course, of the moderate use of it), is to be decided by experiment, the question at once arises whether such food has ever been used in such a manner as to furnish us with a fair illustration of its effects. One would think that animal food had been eaten long and extensively enough to enable us to know its operation on the health. If it is so destructive, so poisonous, so much "the root of all evil," as some contend, it is surpassingly strange that the discovery of so important a fact has awaited, so patiently and so long, the birth of Mr. Graham—the leader of his sect. How happens it that those large portions of the human race that have always eaten flesh, more or less, have not long ago become entirely degenerate, or even extinct, under the daily influence of so noxious an agent as animal food is maintained to be ? More especially, how happens it that those portions of the human family which eat flesh are, at this moment, farther removed from the point of extinction and degeneracy than any others on the globe ? How happens it that the flesh-eating nations of Europe are so far from having *run out*, that they furnish better specimens of fully and perfectly developed men than any other of all the descendants of Adam ? Where shall we find a people who, in mental and physical endowments, can be matched with the Europeans ; or where is the "root of all evil" so abundant as in Europe ? Let Dr. Alcott answer these questions. Will he cite the vegetable-eating nations of the East ?—the millions who there observe to the letter (and have done so for ages) his improved system of diet ? Will he expect to win his case by naming the weak and besotted inhabitants of China and Hindostan—those effeminate, degraded and soulless millions who are held in subjection by a handful of British troops ? Could he hold up his head and point out such an instance of manifest contradiction to his principles ? Would he not rather refer to his own case, and Mr. Graham's, and that of a few broken-down, lean-visaged dyspeptics, who have never been thought the very best specimens of nature's finer workmanship ? But shall Dr. Alcott be allowed to escape in this manner ? Shall he be allowed to pass over, without notice, the only experiments which have ever been made on an adequate scale, and during a sufficiently long time to test fairly and decisively the truth of his principles ?

(To be continued.)

MEDICAL BOTANY.

BY SAMUEL ALLEN TOOTHAKER, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

NO. X.—RHUS. SUMACH. MERCURY. IVY.

Sex. Syst.—Class pentandria; order trigynia. *Nat. Order.*—Terebin-
taceæ. *Gen. Char.*—*Calyx* 5-parted. *Petals* 5. *Flowers* inferior.
Berry small, sub-globose, with one bony seed.

Specif. Descrip.—*Rhus toxicodendron*. *Var. radicans*. Stemclimb-
ing; leaves ternate; leaflets broad-oval, entire or sinuate-dentate, sub-
pubescent beneath; flowers diœcious, in sessile, axillary racemes. It
grows in woods and about fences, and often climbs to a great height.
The *Rhus radicans*, or poison ivy, is a general inhabitant, I believe, of
every part of New England, and is known by every country boy who is
obnoxious to its poisonous effluvia.

Having recently tested the virose qualities of this plant, in my own
person, I feel myself obligated to give it a brief notice. Dr. Wood
says (*vide U. S. Disp.*), "The juice applied to the skin frequently
produces inflammation and vesication; and the same poisonous property
is possessed by a volatile principle, which escapes from the plant itself,
and produces in persons who come into its vicinity an exceedingly trou-
blesome erysipelatous affection." "The effects," the doctor continues,
"are experienced soon after exposure, and usually begin to decline in
about a week. A light, cooling regimen, with saline purgatives, and
the local use of cold lead water, are the best remedies." Yet with
these "best remedies," the symptoms only begin to decline in about a
week. I have several times been poisoned with this plant, and once or
twice with another species, I think the *Rhus vernix*, when a boy, but
never since I commenced the study of medicine till the time to which
allusion is made above. I had made use of various remedies to quell
the distressing pain and itching sensation, but never found one that would
very much shorten its course. A strong solution of common salt (mu-
riate of soda) in water is a cooling and comforting application, while
the inflammation is high; also a solution of sulphate of magnesia, in-
ternally and externally, is of some service. Olive oil is of considerable
repute as a remedy, but will not effect a speedy cure. Neither will
any of the vegetable specifics I have ever tried. An onion poultice has
been more efficacious than the whole catalogue of other remedies to
which I had before resorted. A *painful* necessity, however, at last in-
duced me to search for something which would eradicate the poison of
rhus from the system.

May 11th. After dinner I walked into a garden where a wall had
just been removed, as my friend informed me, for the purpose of killing
out the ivy, which was uprooted, and lay strewed over the ground. As
there were no leaves on it at this season of the year, and I had not for
some years been poisoned, I did not much fear it, but was careful not to
touch any of the roots or stems. *Evening.* Felt some sensation of
heat about the face, but ascribed it to riding in the wind.

12th. Considerable heat and some itching, with slight fulness.

13th. *Morning.* Considerable tumefaction, with much of that indescribable itching, stinging or burning sensation, peculiar to this affection. Thus distressed, I determined on experiment. I accordingly applied to one part tincture of sanguinaria (bloodroot); to another, ung. nit. hydrarg.; and to a third, dilute nitric acid. The sanguinaria afforded some relief, but seemed to me not to act with much power. The ointment also relieved moderately the itching, but this was all. The acid was a very painful application, but after the smarting it caused had subsided, and the part had been washed in cool water, it remained comfortable longer than when under other treatment.

14th. Slept sound, and neglected any application during the night. Tumefaction great, vesicular eruption very distinct. Now determined on giving the sulphate of morphia a trial, as I had seen it mentioned in the Journal by Dr. A., of Meriden, Conn., as effecting a speedy cure in his own case. Accordingly made free use of the following solution. R. Sulph. morphiæ, grs. x.; aqua fonta, f3ss; when, to my great surprise and satisfaction, the poison was entirely subdued in five or six hours, and with the use of but a half ounce of the solution applied to the part with a piece of soft rag. Some pain was experienced after each application, but it was not very severe, and I was greatly relieved within an hour after I began to use it. Soon after I commenced the use of morphia, a previous slight headache became intense, with severe pain in the back and limbs, and I was unable to sit up or to walk across the floor. Night, however, had come, and I slept so soundly as to be waked with great difficulty to take drink once or twice before morning.

15th. *Morning.* Entirely free from pain—very slight itching. Used a few drops of the solution two or three times, and took a portion of salts. The desquamating process has already rapidly commenced. Health was speedily restored, with no relapse of the disease, and I am entirely confident in the efficacy of the morphia as a remedy for the poison of rhus. Were the severe constitutional symptoms occasioned by suddenly driving the poison from the surface? or were they the specific effects of the morphia taken into the system by absorption? I am myself of opinion they were the latter, as the quantity applied, to a partially denuded surface, was sufficient to affect constitutionally at least ten adults, if applied to an ulcerated surface.

The question now occurs, is there any preventive of this poison? Some country people use *coptis trifolia* (gold thread), steeped in rum, as a specific against it. But I am not certain of its efficacy. Others chew the leaves of the poison ivy to protect them from its own poison; but I can hardly believe it can be done with safety, especially by one subject to its poisonous influence. Yet I have heard some persons say they had eaten the leaves, and were never afterwards poisoned, though they had formerly been affected by it.

South Reading, October, 1838.

Note.—I am under the necessity of deferring the consideration of the plant so often referred to as the cow-parsnip of physicians in the western part of this State, in consequence of the difficulty of ascertaining with certainty whether the plant in question is *sison aureus* or *thapsia*

trifoliata. I have been favored with a quantity of the plant sent me by Dr. C. C. Field, of Leominster, for examination, which he obtained at Northfield. It was packed while fresh, in moss, and kept moist, but rotted considerably before it reached me. I also saw a specimen at your office, sent by a physician in New Hampshire, but it was so dried up as to be unfit for examination. Dr. Bates, in an article in the Journal, calls it *sison aureus*. The only doubt in my mind has been, and still is, whether it is *sison aureus* of Torrey, *Smyrniium aureum* of Linnæus, *zizia aurea* of Eaton; or the *thapsia trifoliata* of Torrey, *thaspium barbinode* of Nuttall, and *thaspium aureum* of Eaton. The two plants have, according to Nuttall, often been confounded by the most eminent botanists, and the last named plant has been mistaken for *Smyrniium*. Prof. Nuttall, in his *Genera of North American Plants*, notes the peculiarities of each; also a faithful description of both may be found in Darlington's *Botany of Chester County, Penn.*, a valuable work recently published.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 24, 1838.

AMERICAN MEDICAL ALMANAC.

IN the course of another week, Messrs. Marsh, Capen & Lyon, of Boston, will publish a little work with the above title, which comprises a variety of medical matter in the most concentrated form in which it is possible to print a book. It contains an accurate account of all the medical schools in the United States, England, Ireland, Scotland and France, with the names of the professors in each department; the names of all medical Journals in this country and Europe; the anniversaries of literary and scientific societies, principal officers, &c. There is an alphabetical table of all medicines now in use, with their compounds, and the doses of each preparation accurately expressed, together with rising of a hundred forms of prescriptions for particular diseases, from the highest modern authorities. In connection with these several subjects, in the calendar pages, in which the phases of the moon are calculated, is inserted the time of the decease of eminent physicians. Lastly, so compactly is the whole arranged, the type being diamond, that the book is a neat pocket-book, closed with a pencil, and is also furnished with blank leaves for inserting daily accounts and memoranda. To practising physicians, surgeons, medical students and dispensing apothecaries, throughout the entire country, it is believed this will be considered exceedingly useful. Booksellers in all the principal cities and towns, south and west, will have it on sale by the first of December.

Crania Americana.—Mention has formerly been made of the great work by Dr. Samuel G. Morton, of Philadelphia, which has been several years in progress, entitled "*Crania Americana, or a comparative view of*

the skulls of various aboriginal nations of North and South America, to which is to be prefixed an essay on the varieties of the human species, and on the American race in particular, illustrated by sixty plates and a colored map." A specimen of the lithographic drawings has been politely forwarded to our address, within a few days, which far surpasses our expectations of the manner in which we had supposed they were to be executed. A Peruvian skull, from the Temple of the Sun, and the embalmed head from a Peruvian cemetery at Arica, seem to be as perfectly displayed as it is possible to represent such objects on paper. In the course of the present month, according to the prospectus, the whole is to be ready for the public. The text is to embrace between two and three hundred pages, in imperial quarto, on fine paper. All literary and scientific institutions in this country, to say nothing of private libraries, should possess this admirable national production. Both the antiquarian and philosopher, and even the historian and phrenologist, must necessarily have an interest in the labors of Dr. Morton. To our professional brethren, the *Crania Americana* will be a desirable acquisition. Whenever we are favored with a sight of the complete work, a further notice will be given of its literary and scientific claims.

Smallpox.—By the activity of the public authorities throughout the Union, the last year, the smallpox, which actually raged with alarming violence, was finally circumscribed by vaccination, and the subjects for its action greatly lessened; but the poor Indians seemed to be doomed to extermination by this terrible disease. Thousands upon thousands were swept away by it in 1837. After the lapse of a few months, as if to gather energy, it has again exhibited a fearful activity among the Choctaw and Chickasaw tribes—and unless the government pursue the humane policy which reflected great credit on the nation last year, and send physicians to the remote tribes, to vaccinate the unprotected, there is no calculating the devastation of life that will ensue.

Diseases of Emigrant Animals.—It is stated in the *African Repository*, that animals which are carried to Africa, from America, are subject to disease, but the peculiarities of the malady, unfortunately for the naturalist, are not stated. The same publication mentions, under date of August 4th, that it was unusually healthy at Bassa Cove, about which much anxiety seems to have been manifested, on account of the colored emigrants from the United States.

Yellow Fever at Charleston.—Contrary to the expectations of the profession in that city, the fever has never manifested more violence, or been less under the control of medicine, than at present. Much reliance is placed on the appearance of a frost, to check its devastation, but it seems, thus far, to defy all ordinary sanitary precautions, as well as remedial agents which were once considered serviceable.

Mr. Combe's Lectures.—After having closely followed this gentleman in his lucid demonstrations, we confess ourselves not only very much gratified, but profitably instructed. His manner is not boisterous or im-

perative, but strictly plain, and those who listen to him are constrained to acknowledge that he is a philosopher of no ordinary powers. Physicians will reap as much benefit from these lectures, if not more, than any other class of hearers, because he clears up points that have always been obscure in diseases of the brain. On insanity, particularly, the facts advanced in proof of the positions laid down, are too important to be disregarded by those who profess to relieve the worst of maladies to which humanity is predisposed. Without going into details, it is sufficient to say, unhesitatingly, that the study of legal medicine and mental philosophy, without a knowledge of the principles of phrenology, illustrated by one as thoroughly conversant with both, as Mr. Combe, cannot be studied to advantage, or understood in all their length, breadth and bearings.

Suppression of Quackery.—It has been suggested that quackery ought to be assimilated, by the Legislature, to the crime of "obtaining money under false pretences." The "Cour Royale" of Orleans, in France, has recently been governed by this view in a case submitted to it. It seems that three doctors and an apothecary, with the sounding title of members of the "Hippocratic Society," set out from Paris on a tour through the provinces, for the purpose of giving gratuitous advice and selling their remedies to all comers. Their approach to each large town and village was pompously announced by enormous placards, and all the other means so well understood by quacks in this country. Their plan succeeded admirably until they arrived at Orleans, where they and their drugs were seized. It appeared, on investigation, that they were bonâ fide doctors, and could not, therefore, be prosecuted for the illegal practice of medicine; but as the indictment against them also contained a charge of "swindling, or obtaining money by false pretences," and as their drugs, which were warranted to cure all diseases, and were sold at exorbitant prices, were found to be merely a mixture of sugar and jalap, the court found them guilty of this charge, and condemned S. to two years' imprisonment and a fine of 2000 francs; G. to fifteen months' imprisonment and a fine of 1000 francs; and M. to one year's imprisonment and a fine of 500 francs.

India Medical Journal.—By a late arrival, we have received the regular files of this valuable periodical, conducted by Dr. Frederick Corbyn, of Fort William, a gentleman of distinguished rank in the East India Service. It may be gratifying to numerous correspondents of this Journal to remark that their articles have been liberally copied by Dr. Corbyn, which is very satisfactory evidence of the value placed upon them abroad. Among them we may mention part of Dr. David King's essay on cholera infantum—Dr. Benjamin Haskell's article on animal magnetism—Dr. Henry Frost's on abdominal tumors, creosote, &c.—Dr. N. J. Knight's on creosote in uterine hemorrhage—Dr. E. J. Davenport's on polypi in the meatus auditorius externus—and Dr. Warren's letter from Europe.

Bad Effect of Poultices in Inflammation of the Eye.—Warm poultices and long-continued fomentations are most especially conducive to the destructive consequences of ophthalmic inflammation, the relief they

may afford being treacherous in the highest possible degree ; and so obvious is their tendency to effect relief, by accelerating the destruction of the cornea, that any patient may be considered as entitled to receive damages, in whom the disease has terminated unfavorably, whenever it has done so under the application of poultices.

Treatment of Intussusception by Inflation.—Although this is not a new practice, it deserves notice ; the more so, that it has been known to have succeeded in other instances. A case recently reported in the *Lancet*, presented all the usual symptoms : intolerable restlessness ; the most obstinate sickness, the singularly distressed state of countenance and shrunken features. The usual remedies were had recourse to—viz., warm baths, clysters, anodyne frictions over the abdomen, &c.—but without avail. As a forlorn hope, a trial was made of *inflation* by means of a clyster-pipe attached to a common pair of bellows, with the most happy result : the sickness immediately ceased, the child within an hour passed a natural stool, fell into a sleep, and in the morning was almost without ailment.

Muriate of Gold in Syphilitic Affections of Children.—Dr. Möller has employed the above remedy in three cases of syphilitic affections of new-born children. In two of these cases mercurial preparations had been employed without benefit ; they were much improved but not totally cured under the use of the mur. auri. In the third case the child was born apparently well, but after three weeks symptoms of syphilis manifested themselves. Here, also, mercurial preparations produced no benefit. A powder, containing 1-28th of a grain of muriate of gold in 15 grains of sugar, was now given twice a day, and in ten days all symptoms had declined. The cure was completed by the time that a single grain had been exhibited.—*Siebold's Journal*.

DIED.—At New Haven, Conn., Dr. Elijah Munson, in the 74th year of his age.—At Charleston, S. C., Dr. Henry Alexander, Professor in Columbia Medical College.—In Peoria, Illinois, Dr. Peter Bartlett, late of Salisbury, N. H.—At Burlington, R. I., Dr. Warren M. Smith, 54.

Whole number of deaths in Boston for the week ending Oct. 20, 33. Males, 16—females, 17.

Of consumption, 3—accidental, 1—infantile, 3—quinsy, 1—dropsy in the head, 1—cholera infantum, 2—croup, 2—fits, 1—inflammation of the stomach, 1—dysentery, 2—scarlet fever, 3—suicide, 1—diarrhœa, 1—sudden, 1—drowned, 1—marasmus, 1—dropsy on the heart, 1—inflammation of the lungs, 1—delirium tremens, 1—teething, 1—stillborn, 2.

TO PHYSICIANS.

A PHYSICIAN residing about 15 miles from Boston, desirous of relinquishing practice, wishes to dispose of his estate. The land, about 14 acres, is well cultivated and stocked with trees, the buildings good, and the practice, having been in possession of the present occupant more than 30 years, a valuable one. With good security, the time of payment may suit the purchaser. Inquire at this office ; if by mail, post-paid.

Oct. 17—5t

AN EXCELLENT CHANCE FOR A PHYSICIAN.

THE subscriber, the only physician in the town, offers his stand for sale, situated in Lempster, N. H. in a pleasant village, consisting of an excellent two story house, well finished and nearly new, with a back kitchen, wood house and barn, so constructed as to make it a very desirable situation for a physician—a good well of water under cover by the kitchen door. About one acre of land, under high cultivation. The town contains over 1000 inhabitants. Nearest physician from five to seven and a half miles. Price less than \$1000.

Oct. 17—3t

TRUMAN ABELL.

NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

Oct. 17—lyeeop

SETH W. FOWLE,
33 Prince St. corner of Salem St. Boston.

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by	- - -	DR. BIGELOW.
On Anatomy and Surgery, by	- - -	DR. REYNOLDS.
On Midwifery and Chemistry, by	- - -	DR. STORER.
On Physiology and Pathology, by	- - -	DR. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1838.

Aug 23—ep3m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "dragging and bearing-down" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield, M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 3.

lyreop

LOWE & REED,
24 Merchants Row, Boston.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry, by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica, by	DR. WARE.
On the Principles and Practice of Surgery, by	DR. OTIS.
On Anatomy, by	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$101—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

Oct. 18—tf

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

HARVARD UNIVERSITY—MEDICAL LECTURES.

THE Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by	- - -	DR. J. C. WARREN.
Midwifery and Medical Jurisprudence, by	- - -	DR. CHANNING.
Materia Medica and Clinical Medicine, by	- - -	DR. BIGELOW.
Principles of Surgery and Clinical Surgery, by	- - -	DR. G. HAYWARD.
Chemistry, by	- - -	DR. WEBSTER.
Theory and Practice of Physic, by	- - -	DR. WARE.

Circulars of the Medical and Surgical Practice of the Hospital may be had of the Dean.

Boston, July 23, 1838.

Aug 1—tN

WALTER CHANNING,
Dean of the Faculty of Medicine.

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DR. FULLER'S PRIZE DISSERTATION ON SCARLATINA ANGINOSA.

(Continued from page 186.)

SYMPTOMS.—In the first stage of the inflammatory form of scarlet fever, the patient is often attacked suddenly, whilst in ordinary health, with slight chills or rigors, paleness of the face, lassitude, weakness of the pulse, restlessness, pain of the head, oppression at the præcordia, nausea and vomiting. The tongue is loaded with a whitish, or, in some instances, with a yellow fur, with raised papillæ which are intensely red, as are also the tip and edges of the tongue. Hoarseness and soreness of the throat are sometimes among the first symptoms complained of. On early inspection, the throat will appear inflamed, without much swelling, and the tonsils either spotted with ulcerations or covered with ash-colored spots. The ulcerations often exhibit the appearance of small ulcerated excavations in the substance of the glands, but if left to themselves they unite and form deep sloughs. The hoarseness, cough and difficult breathing, indicate an extension of the inflammation to the mucous membrane of the larynx and bronchia. These symptoms, accompanied with more or less fever, may continue from one to three or four days, when the first is succeeded by the second stage, and a universal excitement takes place, which is generally followed, in the course of twenty-four to forty-eight hours, with a scarlet eruption, first on the face and chest, and then gradually passing downwards, in the course of twenty-four hours covers the whole body and extremities. In the mildest cases the rash is the first symptom. From the preternatural flow of blood to the skin, it becomes morbidly sensible to the touch, rough, dry, and hotter than in any other fever of our climate—the fever is of a highly inflammatory character—the face is flushed and rather fuller than natural, and the lips of a more vivid color. During this stage the pulse is increased in strength and velocity, being from 100 to 120 in a minute. The functions of the stomach are impaired, and the dejections are of a dark-green color. The fever suffers a slight remission in the morning, but afterwards gradually increases through the day, reaching its highest point at nine or ten o'clock at night, when a slight delirium often comes on. The stage of excitement continues from five to seven or eight days, when it is followed by the third stage, or stage of collapse, in which the fever abates, the skin becomes soft and relaxed, and the pulse slower and softer. About the time the excitement declines, the

eruption begins to fade, and in two or three days it has entirely disappeared, and is followed by a desquamation of the cuticle.

The above is the usual course of the simple inflammatory scarlet fever, though some of the milder cases may terminate in a shorter time. But in cases accompanied with a more violent form of inflammatory fever, all the symptoms become much aggravated, there are greater degrees of chilliness, restlessness and headache, greater oppression at the præcordia, and loss of voluntary power, with nausea, retching and vomiting. The efflorescence comes out within the first three days from the commencement of the excitement. The neck is stiff, and the throat is much inflamed and swelled, which renders deglutition difficult. The tongue is more parched and dry, and thirst greater. The stools are morbidly bilious, the heat of the surface more elevated, and the evening exacerbations greater, inducing a more protracted delirium, in which the patient talks much to himself, especially if left in the dark. In these cases the fever declines on the seventh or eighth day, when the sloughs in the throat separate and the sores beneath rapidly heal.

Sometimes, however, dangerous symptoms arise in the progress of the disease, especially when it has been treated with stimulants. The sloughs grow fouler, and the discharge from them and the nostrils more acrid, and corrode the parts over which they pass, producing diarrhœa, tenesmus, and sometimes a fatal dysentery. Sometimes the whole internal throat and fauces become gangrenous, and the patient gradually sinks into an irrecoverable collapse.

In some other cases the danger proceeds from the brain, which has suffered severely during the stage of excitement, and the patient, at the end of the second week, dies comatose. But in other cases, where the brain has not suffered severely, symptoms of abdominal disease occur in the stage of excitement, which by degrees become most urgent, and at length are attended with vomiting, or eructations, fulness of the abdomen and general uneasiness. In the course of a week the pain disappears, whilst the pulse grows more rapid and feeble, respiration more anxious, accompanied with vomiting and cold sweats, when a general collapse soon terminates in death.

When the scarlatina is attended with a congestive fever, the patient is suddenly attacked, and complains of giddiness, a load and pain in the head—he is pale, faint and sick, and feels an extreme oppression at the pit of the stomach, with nausea, retching, vomiting, and an uneasiness in the region of the heart. Sometimes he sinks at once, borne down with the load of oppression, like persons worn out with fatigue and mental anxiety. The respiration is either slow and impeded, or quick and anxious—the countenance is both livid and pale, and often conveys to the observer the appearance of an inebriated or fatuitous person. The mind, at first dejected, alarmed, confused, soon becomes oppressed with delirium or stupor, or indifference to surrounding objects, under which he sooner or later expires. The efflorescence, if it appears at all, is of a dark erysipelatous hue at first, or becomes so in the progress of the disease. It comes out imperfectly, or recedes soon after coming out. “A remarkable tumefaction of the fingers sometimes takes place, which

with the erysipelatous tinge, which they soon acquire, is of itself sufficient to characterize the disease."—*Gregory's Practice*, Vol. I., p. 241.

The surface of the body is cold, and death sometimes takes place before either reaction or the efflorescence make their appearance, and generally through the whole course the animal heat is much below the standard of health, unless a judicious treatment induce a reaction. The tongue, at first, is paler than natural, white in the middle, and covered with slimy saliva; but in the progress of the disease it becomes dry and rough, with a dark-colored strip in the middle, when the breath becomes extremely offensive. The bowels are costive and flatulent in the first stage, and loose in the last; the feces are of a dark bilious hue. The stomach is extremely irritable from the commencement of the disease, and often rejects everything thrown into it; sometimes vomiting is one of the first symptoms, especially in children. Early in the disease the throat and tonsils become very much swelled and ulcerated, and deglutition more and more difficult as the disease advances. The ulcerations in the throat soon turn to a dark brown or blackish color, and a copper-colored inflammation pervades the mucous membrane of the mouth and fauces. The pulse is slow, small, rapid and irregular throughout the complaint. There is a great determination of blood to the head, which soon produces redness of the eyes, intolerance of light, watchfulness and delirium.

In this form of scarlet fever, the disease runs on to a fatal termination in the course of four or five days from the commencement of the prostration, and sometimes much sooner, and in the last stage there is often an oozing of blood from the nostrils and gums, also a dark-colored hæmorrhage from the bladder and the bowels, and petechiæ are spread over the surface of the body—symptoms which denote a dissolved and putrid state of the fluids. To these symptoms a profound stupor succeeds. The feet and hands grow colder, the face assumes a livid cadaverous color, the collapse increases, and the general powers of life fail, when either vomiting, suffocation or convulsions close the scene.

The throat affection is one of the most distressing circumstances attending the disease, yet it is rarely the cause of death. The lesions most to be dreaded in this form of the complaint, are the venous congestions of the liver, spleen, bowels, lungs and brain, or the great veins near the heart; for if these congestions are not timely removed, they produce visceral disorganization and a fatal collapse.

Some physicians consider this form of scarlet fever as highly putrid from the very commencement. "Yet," says Dr. Armstrong, "if accurately attended to from the first attack, it will be found that the signs of putridity or malignancy do not constitute a primary and essential part of this form, but are purely the consequence of excessive congestions; for if we can remove the congestions in the beginning, we most certainly prevent the occurrence of putrid or malignant symptoms. It is only from a cautious and repeated survey of febrile diseases, from their onset to their termination, that their real nature can be known; and opinions principally deduced from the phenomena of the advanced stages, are as erroneous in theory, as they are dangerous in practice. The whole result of my experience in febrile diseases, has fully con-

vinced me, that whenever there are appearances of malignancy in the last stages, these appearances have always been wrought by visceral inflammations, or visceral congestions in the first stages. If this observation be more fully applicable to one febrile disease than another, it is the highly inflammatory and highly congestive varieties of scarlet fever. In the open forms of fever, when the heat and arterial reaction are universally developed, the danger is to be estimated by the general excitement, and the topical inflammation; whereas in the masked or congestive forms of fever, the danger is proportionate to the defect of the excitement, and to the extent of local accumulations of venous blood. Arterial excitement is an excess, and venous congestion a deficiency, of natural action."—*Armstrong on Scarlet Fever*, page 17.

Both the inflammatory and congestive forms of scarlet fever are sometimes followed by either rheumatism, hydrocephalus internus, hydrothorax, h. pericardium or general dropsy. Sometimes the acrid discharges from the ulcers in the throat excite a fresh inflammation in the mucous membrane, which travels down into the larynx and to the ramifications of the bronchia, producing one of the most distressing forms of croup, which generally proves fatal in a short time.

Treatment.—According to the foregoing observations, the treatment of scarlatina will depend upon the accompanying fever, whether inflammatory or typhus; and it may be laid down as an axiom in the treatment of this and all other fevers, that the rudiments of danger are established in the first stage of the disease, during the cold chills, or period of oppression, and that the excitement in the hot stage is in proportion to the coldness and oppression in the first. Consequently it follows, that if we can alleviate the symptoms of the first, we shall prevent the excitement of the second, stage, and generally insure a favorable termination of the disease. This may be called theory, and so let it be; yet it is theory tested by experience. For a confirmation of these views, see Dr. Mackintosh on the treatment of intermittent fever, who by bleeding in the cold stage prevents congestions, and the reaction which nature excites to restore the balance of the circulation, and cures the disease at its very commencement.

"The eruptive fever of acute cutaneous phlegmasiæ being the signal of an inflammation of the viscera, precursory to that of the skin, local bleeding, performed as near as possible to the principal seat of the internal inflammation, facilitates the appearance of the eruption, and diminishes the danger."—*Broussais's Pathology*, page 518.

Early in our professional career we followed the practice so constantly and so fatally recommended by almost all writers of the last half century, who considered scarlatina to be a putrid disease, requiring the employment of bark, wine and other cordials, for its cure. Hence emetics, cathartics, antimonials, bleeding, and affusion of cold water, were prohibited, and the patient was left to struggle through the first stage either without the employment of remedies, or stimulants were used, which increased the gastro-enterite, assisted the formation of congestions, and added fuel to the destructive fire of the second stage, which hurried on the malig-

nant symptoms so much dreaded by the physician, and the almost constantly fatal termination of the disease. In fact, the stimulants produced the fatal symptoms they were given to prevent.

It cannot be denied that some persons recover under the employment of stimulants; but whether it should be regarded as the result of the remedies employed, or a fortunate escape from both the disease and the stimulants, every candid inquirer may decide. Perhaps in some years, when all the fevers in the country assume a typhous type, and in some particular malarious locations, where the prevailing fevers are intermittent, and the scarlatina takes on the intermittent form of these fevers, the bark or some of its preparations may prove a sovereign remedy in the scarlet fever, especially after the bowels are sufficiently evacuated by the use of calomel. Also some other stimulants, such as ammonia, capsicum, black pepper, wine and other cordials, may in such cases remove the torpor of the stomach and internal viscera, and by increasing the *vis a tergo*, equalize the circulation, and remove or prevent congestions. But, generally speaking, ten times as many will recover under the antiphlogistic treatment, as under the stimulant; and we verily believe, if the disease has slain its "*thousands*," the stimulant practice has slain its "*ten thousands*."

Want of success by the stimulant method of practice first led us to doubt of the correctness of the pathology of writers on scarlatina, and therefore our reflections led us to treat the scarlet like any other fever of the same general symptoms, without regard to the name of the disease or the attending eruption, further than its appearance indicated the attending fever to be either inflammatory or congestive typhus; and since treating the disease according to the general pathology we have endeavored to establish, the result has been that very few have died of the disease. And we may further add, that during the continuance of the epidemic scarlatina for the last seven years, in this city and vicinity, out of many hundreds we have attended, four only have died, and these four, out of the whole number, were all that took bark, wine and other stimulants—this treatment being strongly advised by several neighboring physicians in consultation.

Perhaps there are few or no diseases which more urgently call for the early use of remedies, in order to conduct the patient safely through it, than scarlatina. Parents should therefore be particularly watchful when the disease prevails epidemically, and immediately procure medical aid. In this disease the inflammatory symptoms are very formidable, and the fever intense beyond that of almost any other disease. Hence the question occurs, is the disease to be treated like other inflammatory affections? We have already given our opinion on the subject, and shall confirm it by further observations hereafter; but, by the bye, it may be regarded as a general rule, that all inflammatory fevers originating from the irritation of contagious diseases, will not bear a repetition of bleeding, like phlegmasiæ from other causes.

After premising the above general observations, we proceed, first, to notice the separate articles of the *materia medica* which are now found

the most effectual in the treatment of scarlet fever, and shall then apply them to the different forms of the disease.

Emetics.—If we are correct in our pathology of scarlatina, the mucous membranes of the fauces, stomach and bowels, are in a state of inflammation; consequently tartarized antimony, so constantly recommended in this fever by most writers, must increase the inflammation and prove highly injurious to the patient; and, according to our experience, its employment in this and all fevers attended with gastro-enterite, has been followed with pernicious consequences. And whoever will take into consideration the irritating effect of tartar emetic when applied to the surface of the body, must be convinced that it would prove tenfold greater when applied to the mucous membranes of the stomach and bowels. Therefore tartarized antimony, either as an emetic or in nauseating doses, should not be employed in the treatment of scarlatina.

However, emetics are often productive of much good, and afford relief by removing crudities from the stomach, by exciting a flow of saliva from the glands of the fauces, by emulging the biliary ducts, and by exciting a healthy action of the secreting system generally; and as ipecac is free from the objections urged against the employment of antimonial emetics, it may be used when emetics are indicated. But we have found it much more efficacious when combined with calomel, as recommended by Dr. Rush: *R. Ipecac. 30 gr.; calomel, 15 gr.; divide to three parts, and give one every fifteen minutes until it operates as an emetic; and if that effect is not followed by dejections in the course of one or two hours, the calomel, in the dose of four or five grains for an adult, should be given every hour until the bowels are thoroughly emptied of their contents.*

But where there is conclusive evidence of an intense gastritis being present, emetics, even of the mildest kind, should be avoided, for they will, under such circumstances, uniformly prove injurious. And we repeat, that gastric inflammation, both in this and in other fevers, is often fatally increased by employing tartarized antimony as a febrifuge; and although in proper cases, judiciously applied, as in the treatment of pneumonia and some other inflammatory fevers, it is one of our most potent remedies, yet in some kinds of typhus, and other gastric fevers, its use increases the danger of the disease. When given in large doses, as the Italians direct for the cure of inflammation of the lungs, it appears to act directly upon the mucous membranes of the stomach and bowels, inducing an inflammation in these organs, which, like other counter-irritants, removes the seat of irritation from the membranes of the lungs to those of the bowels.

The pulvis antimonialis, another preparation of antimony, is free from the objections made against the tartarized antimony, and therefore it may be employed as a febrifuge in the treatment of scarlatina. The dose is from one to eight grains every four hours, according to the age and the other circumstances of the patient. Its febrifuge properties are much increased when given in combination with from one to four grains

of calomel, according to the state of the bowels; also combined with four or five grains of camphorated nitre in each dose.

The wine of antimony, combined with the spirits of nitre dulcis, in equal parts, is a very convenient form of medicine for small infants, and in all those cases where the powder cannot be taken, in consequence of the ulcerations and tumid state of the throat, which render deglutition difficult. Sometimes the wine of ipecac and spirit of nitre, in equal parts, is to be preferred to the wine of antimony.

(To be continued.)

PHRENOLOGY. DRS. SEWALL AND CALDWELL.

“Phrenology teaches us forbearance.”—COMBE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the Boston Medical and Surgical Journal of the 26th of September, you take some notice of Dr. Charles Caldwell’s work which has recently emanated from the press at New York, bearing the title of “*Phrenology Vindicated and Anti-phrenology Unmasked*,” and you remark truly that the whole pith and bearing of this production is to prefer charges against Dr. Sewall, of Washington City, on account of his “*Examination of Phrenology, in two Lectures*,” a work which has also been recently published. In the notice contained in your Journal, Dr. Sewall seems called upon to vindicate himself against these charges. But the attack of Dr. Caldwell is so personal, vindictive, unauthorized and unprovoked, that we presume Dr. Sewall will not feel himself justified in taking any notice of his work. We deem it proper, however, that the charge of plagiarism, which forms one of the main grounds of Dr. Caldwell’s attack, should be duly examined, and the foundation upon which it rests, fully exposed; for it seems scarcely credible that any man, however low his character may have fallen in public estimation, and however depraved his sense of the principles of truth and honor, would prefer such a charge, unless there were some grounds to sustain it, its falsity being so easily detected. This must be our apology for noticing a production so destitute of truth, and in other respects so unworthy of consideration, as that of Dr. Caldwell.

And what is plagiarism? “Plagiarism,” says Noah Webster, “is the act of purloining another man’s literary works, or introducing passages from another man’s writings, and putting them off as one’s own; literary theft.”

Let us see how far Dr. Sewall is guilty of this crime.

Dr. Sewall’s work consists of two lectures. In the first he professes to give a sketch of the history of phrenology, and a brief exposition of its doctrines. In his second lecture he attempts to refute those doctrines, and to prove that they are irreconcilable with the structure and organization of the brain, the cranium, and other parts concerned.

In tracing the history of phrenology, and in presenting a view of its doctrines, it is true that Dr. Sewall draws his materials from several of the standard authors upon that subject, and among others, from Dr. Caldwell’s

"*Elements of Phrenology.*" But for what purpose, we would ask, does he extract from these works? "*To put them off as his own?*" Most assuredly not. He disclaims them by expressly declaring them to be the *doctrines of phrenology*, doctrines which he does not believe, and which he only states for the purpose of refutation. Is this plagiarism? Is it credible that any man of intelligence could be so lost to all sense of justice and of truth, so regardless of his own reputation and honor, and so misled by the spirit of personal revenge, as to make the assertion?

The object of Dr. Sewall in presenting the subject to his class in the manner he has done in his first lecture, is most obviously to give a condensed view of the history and doctrines of phrenology, and to do this, too, in the spirit and language of its authors, as nearly as conciseness and perspicuity would admit. Instead, therefore, of only two or three pages, which Dr. Caldwell accuses him of purloining, the whole of his first lecture, consisting of thirty-four pages, is taken in substance from the writers on phrenology. Such was evidently Dr. Sewall's intention, and such will every one understand it to have been, who reads his book. And although he does not use the quotation points, yet his intention is so obvious, and his declaration upon the subject so open and unequivocal, it is amazing that Dr. Caldwell, or any one else, should accuse him of plagiarism. The charge we pronounce to be groundless and absurd, and such will be the verdict of every honest intelligent man. Besides, in order to comprise even the leading principles of phrenology, in a single lecture, it was necessary that the author should condense most of the statements, which he takes from the original writers upon the subject, and consequently he could not use the marks of quotation; but in omitting these he has acted in strict conformity to the established usage among literary men, not excepting Dr. Caldwell himself. And should we hereafter take occasion to look through some of the numerous productions of this writer, compare them with the works from which he has selected his materials, and mark the passages, paragraphs and pages, he has taken from them, without quotation, we hope he will receive the rebuke with christian humility.

From what source, we would inquire, did Dr. Caldwell derive the materials for his "*Elements of Phrenology*," or does he propose to present himself to the public, as the originator of the phrenological doctrines? If not, he must have derived them from some source not his own, and whoever will take the pains to examine his "*Elements*" carefully, and compare them with the works of Gall and Spurzheim upon the same subject, will be at no loss to conjecture the source from whence his materials were drawn. If Dr. Caldwell, in composing his "*Elements of Phrenology*," has made free use of the writings of his predecessors, and has extracted from them the very things which he accuses Dr. Sewall of taking from his "*Elements*," is he therefore to be branded as a plagiarist? We leave Dr. Caldwell himself to give the answer. And whatever the answer may be, for ourselves we most willingly pardon the Dr. for the freedom he has taken with the works of Gall and Spurzheim; not exactly on the score of his charity to others, but because by this freedom he has been enabled to give us his "*Elements of*"

Phrenology," which we esteem as one of the best little compilations upon the subject which has been produced. Dr. Caldwell's object in the composition of this work evidently was to give a concise view of the principles of phrenology. This object he has most admirably accomplished. It should be remembered, too, that Dr. Sewall's object in the composition of his first lecture, also was to give a concise view of the doctrines of phrenology. The object thus far, therefore, of Dr. Caldwell and Dr. Sewall was the same, and their works were composed on the same principles, viz., by selecting their materials from the standard writers upon the subject. But we admit that there is this difference between the two authors. Dr. Sewall embodies the principles of phrenology, for the purpose of refuting them, and of exposing their absurdity. Dr. Caldwell embodies them and "*puts them off as his own.*" We leave it for the public to decide which of the two, Dr. Caldwell or Dr. Sewall, is the more exposed to the charge of plagiarism.

In Dr. Sewall's second lecture, which contains his arguments against phrenology, no one, not even Dr. Caldwell, pretends that he has committed plagiarism.

And here we might ask, what could Dr. Caldwell suppose was the object of this second lecture of Dr. Sewall? Was it to establish the propositions of the first lecture, or to refute them? Dr. Sewall says, in the opening of his second lecture, "Having in my first lecture exhibited to you the leading doctrines of phrenology, and explained the principles upon which it is founded, my object in this lecture will be to show how far the science is reconcilable with the anatomical structure and organization of the brain, the cranium, and other parts concerned." He then brings all his battery to bear against them, and endeavors to expose their absurdity and falsity. Does this look like plagiarism? What, attempt to destroy the validity of those doctrines which Dr. Caldwell says he purloined to put off as his own!!! Did any one ever hear of an author committing plagiarism and then attempting to prove the absurdity of the very things which he had purloined? Had Dr. Caldwell discovered the inconsistency of his accusation, or imagined that others would discover it, he probably would have been silent upon the subject of plagiarism.

As to the charges of *falsehood, deception, malice, misrepresentation, fabrication, ignorance, stupidity, stratagem, mendacity, truckling, literary garbling, perverted quotation, interpolation, intrigue, effrontery, artifice, jugglery, hypocrisy, &c. &c.*, which Dr. Caldwell prefers against Dr. Sewall, we need make no reply. They could proceed only from a malignant and revengeful heart, a low, vulgar and depraved taste, and from one who is conscious of having forfeited all claim to the respect of a moral and virtuous community. From such charges Dr. Sewall's character, and the character of his work, need no vindication from our pen. His lectures themselves furnish the best refutation of such calumnious epithets, as well as a powerful antidote to one of the prevailing follies of the age; and we only hope that they will soon be republished and extensively circulated and read; and we are quite will-

ing that Dr. Caldwell's "*Phrenology Vindicated*" should go along with them.

It is one of the distinguished merits which have been ascribed to Dr. Sewall's work, that he makes the phrenologists state their own doctrines, give their own definitions, speak their own language and tell their own story. And for the fair and impartial manner in which he has exhibited their principles and urged his arguments against them, he has received the commendations not only of the anti-phrenologists, but of phrenologists themselves, both in Europe and in this country, as we shall see by the following extracts which have been taken from the reviews of England and the United States.

From the London Literary Gazette of August 12, 1837.—The title page informs us that this volume (Dr. Sewall's Examination of Phrenology) was published by request, and we do not wonder at it, for it contains one of the ablest anatomical expositions of the gratuitous assumptions of phrenology which have appeared either in America or England.

Dr. Sewall takes up the question like a man intimately acquainted with the structure and physiology of the human frame, and he demonstrates, with the greatest clearness and precision, the leading absurdities of the hypothesis, maintained by the disciples of this German school. He does not meddle with their metaphysical or moral and religious doctrines, but contents himself with demolishing their theory as founded on the size, shape and consistency of the brain, and the form of the bony casing in which it is lodged. In his first lecture, he gives a good retrospective summary of its history, and we have only to apologize for having made selections from it instead of touching upon all the grounds he has laid down. * * * We consider the reasoning of Dr. Sewall to be unanswerable. * * * The lectures contain much sound advice, which we rejoice to circulate through our columns. They do credit to the Columbian College, within whose walls they were propounded.

From the London Monthly Review of September, 1837.—Ridicule has done much to throw the theory (of phrenology) into disrepute, and argument not less. Of the latter sort of these hostile weapons, the present lectures furnish an effective specimen, for with a calmness and candor which cannot be surpassed, and a mastery of knowledge as well as of ratiocination, that is resistless, Dr. Sewall disposes of the subject, and shows that phrenology has withdrawn the attention of many sanguine and ingenious minds from far nobler and more profitable pursuits.

* * * * * In his second lecture our author pursues his subject by endeavoring to show how far the science is reconcilable with the anatomical structure and organization of the brain, the cranium, and other parts concerned; and here it is that his effort is particularly successful and cogent. * * * * *

We have now, besides giving a sketch of the early history of phrenology, which to few of our readers can be more than the means of refreshing their memories, presented some passages from Dr. Sewall's examination of its claims, in which examination some new views have

been suggested and pursued in a manner which we think will give a severe blow to the theory.

From the Medico-Chirurgical Review and Journal, edited by James Johnson, Physician Extraordinary to the late King, and Henry James Johnson, Esq., of April, 1837.—Dr. Sewall is evidently a well-informed man, and, as evidently, a well-intentioned man. He examines phrenology with no malice prepense, with no spirit of dogmatism, with no wish to bully. If he disputes the conclusions with the phrenologists, he does so after arguing the question with them, and the grounds of his dissent, as well as the process of reasoning which leads to it, are openly exposed.

From the North American Review of October, 1837.—The descriptions (of phrenology), though necessarily brief, are clear and intelligible, and, so far as we can perceive, fair and impartial. No indication appears in this (the first) lecture, that the author has any other object in view than to teach phrenology to his class, as it would be taught by a confident believer in its doctrines. * * * * * Some other considerations follow, and the lecture concludes with an eloquent appeal to the young men to whom it was addressed, to seek out and follow such objects of pursuit as shall lead to useful practical results, rather than to be captivated by fascinating speculations. * * * * *

To those, however, who feel a stronger interest in the question, and especially to those who would see how the matter-of-fact teachings of anatomy bear upon it, we would commend Dr. Sewall's lectures. He has discussed the subject with ability, and even those who are not convinced by his arguments (and it is not to be supposed that those who are already adherents of the doctrine will be), will acknowledge that he has treated the subject with fairness, and its advocates with courtesy.

From the American Journal of Medical Sciences of August, 1837.—This (Dr. Sewall's) is the most dispassionate examination of the phrenological doctrines, and the strongest array of argument against its validity, that we have met with. The first lecture comprises a sketch of the origin and progress of phrenology, with an exposition of its leading doctrines and of the principles upon which it is founded. In the second lecture the question is examined of how far the science is reconcilable with the anatomical structure and organization of the brain, the cranium, and other parts concerned. The subject is treated in a very plain and lucid manner, so as to be perfectly intelligible to general readers, and is, moreover, illustrated by some well-executed and interesting plates. The learning and high standing of the author entitle his views to a respectful and attentive consideration.

In the foregoing extracts we have presented such passages only as bear more particularly on the charges of Dr. Caldwell. We could, if it were necessary, present numerous other notices from the literary journals, not less commendatory than those we have given. **W.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, OCTOBER 31, 1838.

NATIONAL SCIENTIFIC ASSOCIATION.

WHEN the proposition was made, in February last, to the Massachusetts Medical Society, to open a correspondence with other similar bodies, upon the expediency of organizing a national association for the advancement of the physical sciences, there were gentlemen who expressed an opinion that the movement was premature ; and, further, it was maintained, that no very marked discoveries or brilliant achievements had resulted from such combinations of the learned in other countries. On the other hand, all important and really striking and meritorious advances in science, literature and the arts, were made, it was contended, in the quiet of the closet, by those who hardly identified themselves with the busy world. In fine, nothing of importance to the promotion of science, thus far, had emanated from these modern much-talked-of compacts of the old world.

With a variety of theories and individual presentiments, none of which, by others, were considered of much consequence, it is sufficient to say that the project was rather coldly received, and ultimately quashed in embryo by the committee to whom the matter was referred for consideration. Now it is morally certain that by a little exertion, a successful plan of operation might, by this time, have been devised, and a vigorous co-operation manifested in every State in the Union.

The idea that we were too young, as a people, for such a vast undertaking, was preposterous in the extreme. Whoever reflects upon the character of the present age, the spirit that animates all ranks of inhabitants, the impulse given the nation by transatlantic influences, in all departments of life, cannot resist the conviction that the same system of perseverance which distinguishes the efforts of civilized man in Europe, will and must be felt in America. With a vast territory, the resources of which are almost incalculable, a consolidation of interests in science, of all the available forces, from the college to the cottage, can alone develop the geological and physical constitution, capabilities and concealed wonders of this great portion of the habitable globe.

As predicted, another effort is making to rally the learned of the United States around one common centre—to unite in an enterprise which must gratify every friend of science ; and of its final success, there is scarcely a remaining doubt, notwithstanding the objections which have heretofore been urged against a scheme so praiseworthy and meritorious. A meeting was held at the hall of the American Academy, in this city, a short time since, at which Governor Everett presided, to discuss the propriety of the measure, and a committee was appointed to consult with the Philosophical Society of Philadelphia ; and thus the lines are laid, which we fervently hope will speedily eventuate in the establishment of a national association for the promotion of the physical sciences—founded in motives as noble and acceptable to the world as were those which originated the association now existing in England, the organization of which constitutes a new era in the history of that nation.

It is to be deplored that our Medical Society did not secure to itself, when the opportunity presented, the honor of having carried into effect this excellent proposition, which might have been done with most perfect ease, and consistently, too, with its character of a scientific body. For it is evident that practical and enlightened physicians, in all countries, are among the most zealous cultivators of learning and science; and we noticed, upon the occasion alluded to, that of the twenty-seven individuals present, thirteen were members of the Massachusetts Medical Society.

Nothing will be more pleasant to us than to chronicle the subsequent success of this incipient institution, or give us more unfeigned satisfaction than its triumphant success in the sphere it proposes for its action.

Sandwich Islands.—We deem ourselves fortunate in having secured for a correspondent, in the Island of Ouahu, Dr. Robert W. Wood, late of Orono, Me., who has gone to establish himself in the practice of medicine and surgery in that distant but delightful section of the globe. Very little is known of the medical topography of that interesting group of islands, notwithstanding the constant intercourse which is kept up with them through the whale ships, &c., they being considered by mariners as the half-way house between South America and China. One fact, if no other, requires investigation—why a syphilitic taint, spread through the native population, probably introduced by the sailors on the first visit of Captain Cook, has not been eradicated. If there is any modification of climate essentially different from that of Europe or America, which prevents medicines from producing the same constitutional influences known to be effected by a particular class of remedies in other countries, Dr. Wood will do great service to the profession by ascertaining the fact. Medicinal plants are represented to abound, at those islands, and yet their medical botany is an almost unexplored field. Amongst other inquiries, Dr. Wood, it is hoped, will not forget to delineate the character of the diseases usually predominant there, as well as the mode of treatment pursued in their subjugation. That the natives are rapidly diminishing in numbers, so that the entire race will probably wholly disappear in the course of half a century, seems to be generally admitted by those most conversant with the statistics of the South Sea people. It would be gratifying, therefore, to have the opinions of a scientific man upon the causes which threaten this result. If the introduction of European customs, European vices or diseases, or the oppression of the native government, a rude despotism, under a new system of dietetics, copied from those on whom they have looked from the beginning as a superior order of beings, be among the causes, we should like to know it. There is hardly a topic on which Dr. Wood may not throw new light, and put us in the possession of facts alike serviceable to the philanthropist, the naturalist, the philosopher and the physician.

Purulent Ophthalmia in Egypt.—Edmonston—on the contagious nature of ophthalmia—cites the following as among the exciting causes of the disease in that country: the burning heat of the sun, the night dews, the sandy soil and the scorching dry winds, loaded with dust or nitre. He has also an idea that by *hereditary predisposition*, it is deeply engrafted in the constitution of the inhabitants before their birth! He has

likewise made the discovery that the sphere of contagion (query, infection ?) operating through the medium of the atmosphere, does not exceed the space of a foot. We, however, are of opinion, that in this disease the sphere of contagion, operating through the medium of the patient's fingers, or of towels used in common, extends to the length of a man's arm, be it longer or shorter, as the case may be.

Wound of the Brain.—A case is related in the London Lancet, which shows the wonderful tenacity of life after severe injuries of the brain. A boy, 14 years of age, fired off a pistol loaded with ball. The pistol burst, the ball passing through the gate at which it was fired, and the breech entering the head, directly over and within three lines of the left superciliary ridge, part of the cerebrum being scattered on the ground. On the arrival of the surgeon, no foreign body could be detected by a probe, and the patient was kept perfectly still, with saturnine applications to his forehead. The next day he lay perfectly quiet, but sleepy, and said he felt *no pain*. The applications were continued, with an aperient. The second day feverish; put out his tongue when asked, but answered no questions. Cold poultices of lead-wash and bread to the wound, and a fever mixture ordered. The third day he made a correct remark respecting his food; feverish symptoms relieved. In a few days the wound threw off coagulum, discharged pus, and appeared rapidly healing; strength returning. When asked where he felt pain, he put his hand to the *back of his head*. This state continued till the 22d day, when he suddenly sank, the next day was comatose, and died on the 24th day after the accident. Post-mortem examination showed the wound of the brain had *perfectly healed*. On reaching the ventricles traces of a foreign body were found; a little further there was much disorganization from the formation of pus, and the breech of the pistol was found resting against the occipital bone and over the tentorium. This iron substance, weighing nine drachms, had passed directly through the substance of the brain; and yet the boy had lived twenty-four days, and Nature had made so great an effort to heal the injury, that complete recovery would probably have followed if the foreign body had received sufficient momentum to carry it through the occipital bone.

Boston Dispensary.—The following gentlemen have been elected officers of Boston Dispensary for the ensuing year :—

Managers.—Jonathan Phillips (*Chairman*), Samuel H. Walley, Isaac Winslow, Gideon F. Thayer, Samuel May, N. L. Frothingham, Pliny Cutler, Geo. H. Snelling, Jas. H. Foster, Uriel Crocker, J. F. Flagg, William Gray (*Secretary*), and Gideon Snow (*Treasurer*).

Consulting Physicians.—John Randall, M.D., and Solomon D. Townsend, M.D.

Visiting Physicians.—J. Moriarty, M.D., Wards 1 and 3, residence corner of Salem and Cross streets. T. W. Brewer, M.D., Ward 2. J. W. Gorham, M.D., Ward 4. J. H. Dix, M.D., Wards 5, 6 and 7, residence 1 Green street. S. Salisbury, M.D., Broad street District. W. J. Whitney, M.D., Fort Hill District, 90 Federal street. H. G. Wiley, M.D., Ward 10, residence Lagrange place. G. A. Bethune, M.D., Ward 11, residence 129 Tremont street. L. J. Glover, M.D., Ward 12, residence 2 Pleasant street. Benjamin Haskell, M.D., South Boston.

Apothecaries.—J. M. Smith & Co., 138 Washington street.

Harvard University.—An introductory discourse will be given by Dr. Warren at the Medical College, next Wednesday, it being the commencement of the annual course of medical lectures in this excellent institution. We hope the class will be seasonable in their attendance, from abroad, that they may receive the benefit of the first lecture, which will be every way worthy of their careful attention.

To CORRESPONDENTS.—Dr. Whittridge's case of dropsy, and No. 2 of the papers on diet, are crowded out of this number of the Journal.

Whole number of deaths in Boston for the week ending Oct. 27, 32. Males, 15—females, 17.

Of consumption, 6—old age, 1—dropsy, 1—pleurisy, 1—lung fever, 1—infantile, 3—scirrhus of the stomach, 1—canker in the bowels, 1—sudden, 1—dropsy on the brain, 1—scarlet fever, 2—bronchitis, 1—typhous fever, 2—quinsy, 1—teething, 1—croup, 2—worms, 1—throat distemper, 1—stillborn, 2.

LECTURES ON THE DISEASES OF THE EYE.

DR. JOHN JEFFRIES will deliver a course of Lectures on the Anatomy and Diseases of the Eye, at the Massachusetts Eye and Ear Infirmary, to commence the second week in November and continue during the course of medical instruction of Harvard College. The lectures will be illustrated by cases under attendance at the Infirmary.

No. 9 Franklin Street.

Boston, October 21, 1838.

C31—3t.

HARVARD UNIVERSITY—MEDICAL LECTURES.

THE Lectures will begin at the College in Mason street, first Wednesday in November, at 9 o'clock, A. M., and continue three months. For a month after, additional lectures will be given. Dissections in the Medical College, and attendance at the Hospital, will also be continued.

Anatomy and Operative Surgery, by	- - - -	Dr. J. C. WARREN.
Midwifery and Medical Jurisprudence, by	- - - -	Dr. CHANNING.
Materia Medica and Clinical Medicine, by	- - - -	Dr. BIGELOW.
Principles of Surgery and Clinical Surgery, by	- - - -	Dr. G. HAYWARD.
Chemistry, by	- - - -	Dr. WEBSTER.
Theory and Practice of Physic, by	- - - -	Dr. WARE.

Circulars of the Medical and Surgical Practice of the Hospital may be had of the Dean.

WALTER CHANNING,

Dean of the Faculty of Medicine.

Boston, July 23, 1838.

Aug 1—tN

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by	- - -	Dr. BIGELOW.
On Anatomy and Surgery, by	- - -	Dr. REYNOLDS.
On Midwifery and Chemistry, by	- - -	Dr. SIORER.
On Physiology and Pathology, by	- - -	Dr. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, August 17, 1838.

Aug 22—ep3m

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct 31—eptf

TO PHYSICIANS.

A PHYSICIAN residing about 15 miles from Boston, desirous of relinquishing practice, wishes to dispose of his estate. The land, about 14 acres, is well cultivated and stocked with trees, the buildings good, and the practice, having been in possession of the present occupant more than 20 years, a valuable one. With good security, the time of payment may suit the purchaser. Inquire at this office; if by mail, post-paid.

Oct. 17—5t

ALBANY MEDICAL COLLEGE.

The public course of lectures in this Institution will commence on WEDNESDAY, the 2d of January, 1839, and continue sixteen weeks. The new and extensive College edifice, which has been completed during the past summer, is situated in a central position, and in architectural character, dimensions, and internal arrangement, is admirably adapted to the purposes of medical instruction. The museum of the Institution occupies a room fifty feet square, two stories high, with a gallery, and glass cases above and below. It is furnished with an extensive and choice collection of specimens in healthy and morbid anatomy, together with casts, models, plates, and magnified drawings in great variety, and every kind of preparation necessary to illustrate the departments of Anatomy and Physiology, Surgery and Obstetrics. The other departments are provided with ample means for illustration, and with all the apparatus and materials necessary to render the courses full, practical and complete. The Anatomical Theatre, which will be appropriated to all the demonstrative branches, is fifty feet square, with seats for 400 persons, arranged in a circular manner around the area for the lecturer, which is lighted by a large dome and sky-light immediately above it. The dissecting rooms, which are spacious and convenient, will be kept open during the term, under the immediate charge of the Professor of Anatomy, by whom every facility will be provided for the cultivation of practical anatomy and operative surgery.

The Chemical Laboratory and other apartments are large and commodious, and well adapted to the purposes for which they are designed. The course in Chemistry and Natural History will be illustrated by extensive and richly furnished collections in Mineralogy, Geology and Botany, and to some extent in Comparative Anatomy. In Materia Medica and Medical Jurisprudence, as well as in the other departments, it is designed to exhibit as many facts and illustrations as possible, and to render every subject, so far as is practicable, a demonstrative one.

There will be clinical instruction in Surgery and Practice every Saturday during the term, at the hospital connected with the Almshouse, where there will be opportunities of witnessing a great variety of cases and surgical operations. All operations on the poor will be performed gratuitously (if in the presence of the class) during the term.

Degrees will be conferred at the close of the term, and all the powers and privileges conferred by other medical institutions of the State, will be secured to the graduate. The requirements of candidates for graduation are the same as at other institutions.

The lectures in the different departments will be delivered as follows:

Principles and Practice of Surgery, by	- - - - -	ALDEN MARCH, M.D.
Theory and Practice of Medicine, by	- - - - -	DAVID M. REESE, M.D.
Chemistry and Natural History, by	- - - - -	EMERSEN EMMONS, M.D.
Anatomy and Physiology, by	- - - - -	JAMES H. ARMSBY, M.D.
Obstetrics and Diseases of Women and Children, by	- - - - -	HENRY GREENE, M.D.
Materia Medica and Pharmacy, by	- - - - -	DAVID M. M'LAHLAN, M.D.
Medical Jurisprudence, by	- - - - -	AMOS DEAN, Esq.

The price of tickets to all the lectures is \$65. Graduation fee, \$20. Matriculation fee, \$5. Dissecting fee, \$5. Graduates, licentiates, regular practitioners, and students who have attended two full courses of lectures at any incorporated institution, are required to pay only the matriculation fee.

The price of boarding and lodging varies from \$2,50 to \$3,00 per week.

Albany, 1838.

CH*

J. H. ARMSBY, *Dean of the Faculty.*

UNIVERSITY OF THE STATE OF NEW YORK.

COLLEGE OF PHYSICIANS AND SURGEONS OF NEW YORK.

The Lectures in this Institution will commence on the first Monday in November, and continue for four months.

J. AUGUSTINE SMITH, M.D., Professor of Physiology.

ALEXANDER H. STEVENS, M.D., Professor of Clinical Surgery. (Lectures at the New York Hospital.)

JOSEPH MATHER SMITH, M.D., Professor of the Theory and Practice of Physic and Clinical Medicine.

EDWARD DELAFIELD, M.D., Professor of Obstetrics and the Diseases of Women and Children.

JOHN B. BECK, M.D., Professor of Materia Medica and Medical Jurisprudence.

JOHN TORREY, M.D., Professor of Chemistry and Botany.

JOHN R. RHINELANDER, M.D., Professor of Anatomy.

ALBAN G. SMITH, M.D., Professor of the Principles and Practice of Surgery.

ROBERT WATTS, JR., M.D., Lecturer on Special Anatomy.

The expense of attending a course of Lectures by all the Professors, is \$108.

Attendance upon two complete courses of Lectures is necessary to entitle the student to present himself for graduation, one of which must have been attended at this College. He must also have studied medicine three years, and attained the age of twenty-one years.

Two opportunities in each year are afforded for graduation; one on the first Tuesday in April, and one on the last Tuesday in October.

The examination of Candidates for the Spring graduation commences on the first of March, and for the Fall graduation on the 2nd Tuesday in September.

College Building.—During the last year, the new and extensive College edifice in Crosby Street has been completed. In its construction, no effort has been spared to provide within its walls every accommodation that may be necessary for carrying on the business of instruction in the various departments of Medical Science, and it is believed that in no one respect will it be found wanting in the great objects for which it was designed. To the planning of the Anatomical part of the building, especial attention has been paid, with the view of furnishing every convenience and accommodation that may be required for teaching Anatomy, as well as for private dissection. In addition to the public dissecting room, a number of smaller rooms have been fitted up, where Anatomical investigations may be pursued in a more retired and private manner.

New York Hospital.—This Institution accommodates about two hundred and fifty patients, and presents every variety of disease and accident to which the human frame is liable. Situated in the very heart of the city, and within a few minutes' walk of the College, it possesses the great advantage of being easy of access, without any loss of time, and the students have daily opportunities of witnessing the practice of the house.

New York Ear and Eye Infirmary.—The average number of patients who resort annually to this Institution, for professional advice, amounts to upwards of one thousand. It thus furnishes the amplest field for observation and instruction in the various diseases of the Eye and Ear. It is opened gratuitously to the students of the College.

J. AUGUSTINE SMITH, M.D., *President.*

N. H. DERING, M.D., *Registrar.*

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIX.]

WEDNESDAY, NOVEMBER 7, 1838.

[NO. 14.]

DR. FULLER'S PRIZE DISSERTATION ON SCARLATINA ANGINOSA.

(Continued from page 203.)

CATHARTICS.—Calomel is almost the only cathartic required in the treatment of scarlatina. Its superiority over all others is evinced by its action not being confined to the alimentary canal, but by its ranging throughout the whole system, proving, says Dr. Cullen, “a stimulus to every moving fibre of the body;” also by its exciting a healthy action in all the secreting organs, especially in the liver. And here we may observe that in all the severe cases of scarlatina which we have attended, the secretions of the liver have been deficient in quantity and highly vitiated, which is known by the appearance of the dejections. Hence, like the epidemic cholera, all cases of scarlet fever which prove rapidly fatal, are distinguished by an absence of bile in the motions; therefore, in both these diseases, the most favorable circumstance is a plentiful flow of bile, and when this occurs we have never known the disease prove fatal. Hence calomel, independent of its cathartic effect, has great claim to our attention, inasmuch as it is the most efficient of known remedies in exciting a healthy secretion and flow of bile. Furthermore, in scarlatina, smallpox, and all other eruptive diseases attended with fever, calomel, judiciously employed, appears to be almost a specific; it seems to exert some peculiar action or controlling power over all contagious diseases. In ardent and congestive fevers, also, from whatever cause they may originate, it is one of the most effectual remedies in the whole range of the *materia medica*, and, according to our experience, is far superior to any other article in equalizing the circulation, which is so much deranged in all congestive fevers.

“It is still,” says Dr. Armstrong, “too much the fashion to declaim against the bold administration of calomel, in the commencement and progress of ardent fevers, as if it was neither dangerous to trifle away those precious moments in *palliatives*, nor judicious to attempt a radical cure. Only let practitioners put calomel fairly and extensively to the test in febrile diseases, and we shall soon cease to have imaginary and unfounded clamor against its free employment; for here it is a medicine which, like an injured and innocent individual, will have its character restored, by an impartial and strict examination. We have often erred in our opinion of calomel, from considering its operation the same in ardent fevers, as in affections unattended with increased heat. But its effects are varied by the condition of the body under which it is given, and where it has to encounter a high febrile action, the system receives

no shock from its free administration, as its main force is spent on the reduction of morbid action alone."—*Armstrong on Scarlet Fever.*

But after the morbid action has been reduced, the mercury must be withdrawn; for if continued after that period, it will debilitate and retard the recovery. If we may be allowed the expression, we should call the excretory ducts of the secreting organs the safety valves of the system. Hence, whenever nature becomes oppressed, she relieves herself by an increased flow of saliva, bile, urine or perspiration; and we know of no process, with the exception of bloodletting, and perhaps cathartics, which will so soon remove congestions of the brain, lungs, liver and other important organs, as the increased flow of saliva, bile, perspiration, and an increased flow of mucus from the membranes of the lungs, caused by a judicious employment of calomel. Nor are the good effects of calomel confined to its influence over the secretions, for under its use the circulation is restored to the capillaries, and the internal congestions thoroughly removed by the action of the calomel pervading the whole system.

In almost all cases of scarlatina the stomach is exceedingly irritable, and therefore in as many as eight out of ten cases we prescribe a cathartic of calomel, in divided doses, at the very commencement of the disease, in preference to an emetic. If called to the patient during the first, or stage of depression, before the fever has commenced, calomel may be given by itself, in the dose of from one to ten grains every hour, according to the age and condition of the patient. This is better practice than to give larger doses at longer intervals, for it is of much greater importance to restore the biliary secretions than to move the bowels. But if it does not procure dejections in the course of ten or twelve hours, ten grains of jalap may be given with every other dose of the calomel, until it acts freely upon the bowels. If the jalap is rejected, and the bowels remain obstinately constipated, croton oil will assist the cathartic action of the calomel, and will be more apt to be retained on account of its bulk. After the calomel has acted thoroughly as a cathartic, it may be in part or wholly withdrawn, and in mild cases no further use of it is required.

When the stage of excitement has succeeded that of depression, before the patient is visited by the physician, the calomel should be given combined with the pulvis antimonialis and the camphorated nitre, as before directed, and the combination continued until it acts on the bowels. In very severe cases of the highly inflammatory or congestive scarlatina, the calomel should be continued in diminished doses until the increased action abates, or until ptialism begins to take place, when it should not be further continued. This course of medication we have generally found far more efficacious than the general practice of premising an emetic, especially if there is a tenderness in the region of the stomach, and other symptoms of gastritis.

Bleeding.—Much difference of opinion exists respecting the propriety of bleeding in the treatment of scarlatina. The intense heat of the skin, and other formidable inflammatory symptoms, seem to urge the necessity of bleeding as freely in this disease as in other phlegmasiæ;

and some of the old physicians did bleed, but in the hands of most of them it was practised with very indifferent success, in consequence, perhaps, of bleeding at an improper time, or by carrying the depletion too far. "I have seen," says Morton, "three hundred die weekly, suddenly suffocated in the second stage of the fever, and while laboring under angina or pneumonia." Huxham abandoned venesection and prescribed bark. In 1763 Dr. Watson practised bleeding, and lost one in six of his patients. Since the commencement of the nineteenth century, Drs. Southwood Smith, Armstrong and Mackintosh, are the greatest advocates for general bleeding in scarlatina.

Dr. Armstrong thinks venesection indispensable in the treatment of the highly inflammatory and in the congestive forms of the scarlet fever, for in post-mortem examinations he has observed that inflammation of either the brain, throat, lungs, liver, stomach or intestines, is always the cause of the fatal termination. "Visceral inflammation has almost invariably a natural tendency to terminate fatally; depletion produces debility only, and debility alone is rarely the cause of death in fevers." — *On Scarlet Fever*, page 27.

In consequence of the appearance of dissections after death, Dr. Mackintosh, in his *Practice of Physic*, p. 188, Vol. I., observes that "bleeding to a sufficient extent ought not only to relieve the constitutional symptoms, during the eruptive fever, but after the eruption has appeared ought to destroy it. Observations and experiments frequently performed, and repeated by myself and my pupils, enable me to state that these are facts which I shall not be afraid to repeat before the highest authority in the profession, and stake my professional reputation upon the general result of the plan."

Dr. Morton, of Philadelphia, says, "In my own practice I have resorted to bleeding in every severe case, and with the most gratifying results. It is almost in vain to treat the congestive form in any other way."

Broussais says (*Pathology*, p. 196), "Gastro-enterite alone, or accompanied with angina tonsillaris, is the precursor of the eruption of scarlatina. And it is the visceral phlegmasia which constitutes the whole danger of the disease. Hence the principal indication is to facilitate the eruption by moderating the excess of visceral inflammation at the commencement, and this is common to all the phlegmasiæ."

In the milder forms of scarlatina, bleeding is altogether unnecessary and may do harm; but in the most violent inflammatory forms of the disease, it is one of the most important remedial measures, according to our experience, which can be prescribed, provided that it is employed at the very commencement of the stage of excitement, or otherwise it may be productive of much harm. And it appears to us that the discrepancies of physicians respecting the employment of venesection in the scarlet fever, originated in the different stage or period of the disease when the remedy was employed. One physician bleeds at the beginning of the stage of excitement, and succeeds in moderating the fever and obviating the fatal tendency of the disease. Another bleeds twenty-four hours after the stage of excitement has commenced, and after a

fatal lesion has taken place in some one of the most important vital organs, when bleeding will generally hurry on the fatal termination. Hence, one may be extravagant in the praise, and the other in the dispraise, of the same remedy.

It should be repeated again and again, that the general excitement in the highly inflammatory scarlatina is short and excessive, and all the putrid and other bad symptoms which follow are the result of the excessive action in the stage of excitement, as the severity of this stage itself is in proportion to the severity of the cold chills and depression which precede it in the first stage; and unless this excessive action can be moderated before it produces a fatal lesion in the brain, lungs, liver, spleen, or some other important viscus, the patient will be lost. Therefore whatever is done must be done quickly; every moment is precious, and the loss of a single hour may decide the fate of the patient. Hence, as soon as the stage of excitement has commenced, and there is a thrilling heat of the surface, the patient should be bled in an erect posture, until fainting approaches, when if the heat of the skin is not much reduced, the venesection may be followed by cold affusion, or by sponging the whole body with cold water or with vinegar and water, and repeating it as often as the surface of the body becomes excessively heated. One bleeding followed up with the cold affusion or sponging, and the internal use of the calomel, pulvis antimonialis and nitre, combined in appropriate doses, every four hours, are generally sufficient to arrest the fatal progress of the disease; but though a repetition of the bleeding may not be necessary, yet it is often important to apply leeches to the temples, chest, region of the liver or stomach, whenever either of these organs appears to suffer most from the disease.

Leeches may also be employed to remove some local affections of the disease, as in swelling of the parotid glands, when general bleeding is unnecessary, and likewise in the case of infants under three or four years of age, and in all cases where venesection is impracticable. After the first twenty-four hours of the stage of excitement has passed away, leeches may be applied to remove local symptoms, but general bleeding at this period would often hasten the death of the patient and bring the remedy into discredit; even the local bleeding and sponging, or affusions, must be confined to the stage of excitement, and the other febrifuge remedies to the first and second stage only; for if continued after the stage of collapse has taken place, they never fail to do injury—but in the forming stage, during the depression, when the stomach is very irritable and there is a tenderness at the scrobiculis cordis, the application of six leeches to the region of the stomach will lessen the excessive reaction and prove a most important remedial measure.

The practitioners of former times, dreading the putrid symptoms of the third stage, which were sure to follow the stimulant treatment then employed, urged upon practitioners the necessity of preserving the patient's strength in the two first, in order to enable him to bear up under the debility and collapse of the third stage. Under this false impression, bleeding, emetics, cathartics, and other febrifuge remedies, were prohibited, and bark, aromatics, wine, brandy and other cordials, were em-

ployed from the commencement of the disease—medicines eminently calculated to produce the very consequences they were given to prevent. These remedies added a fresh impetus to the already fatal excitement, and hastened on the destruction of the organic tissues of some of the most important vital organs, and the following collapse was always in exact proportion to the previous excitement.

Since the days of Sydenham, we hear much less of putrid fevers than before that period, for before his time almost all fevers were treated with stimulants, elixir pharmatics and cordials, together with heated rooms and sweating drinks; but since the cooling practice, with free ventilation, has been substituted, excessive excitement, with all its train of evils, has been prevented, and the patient has escaped unscathed, through every stage of the disease.

In the congestive form of scarlet fever the attacks are sudden and overpowering, though they may be preceded for one or two days by languor, loss of appetite, pain of the head, paleness of the face, slight chills and some obscure febrile flashes—symptoms which seem to forbid the employment of bloodletting. Yet unless venesection is performed within the first twenty-four hours after the occurrence of the overpowering oppression, the patient is generally lost; or if the bleeding is performed after the first day of the oppression, it will generally hasten on the stage of universal collapse. Hence the necessity of more strongly urging the employment of early bleeding than in the inflammatory form of scarlet fever; every moment is precious, and sometimes the loss of a single hour determines the fate of the patient.

From the great depression of the powers of life in congestive fevers, many physicians forbid the use of the lancet, forgetting that life is not endangered by debility, but by an almost stagnant fulness of blood in the large veins, and in the right side of the heart, and that some of the blood must be removed before the balance of the circulation can be restored, and the heart perform its proper functions. But generally, previous to bleeding, the patient should be put into a warm bath of salt and water, a few degrees above blood heat; or if this cannot be had, the patient should be wrapped in a blanket wrung out of the salt and water, as warm as he can bear it, and then wrapped in another dry blanket or sheet and put into a warm bed, well covered. To keep up the heat of the extremities, a jug of warm water should be applied to his feet. Some have preferred billets of wood taken out of boiling water, wrapped in flannel and applied around the patient when in bed; whilst others prefer sweating by means of the spirit lamp. Either of these may be used, according to the fancy or convenience of the practitioner. Frictions, either with flannel or with the flesh brush, may also be employed; and if the oppression is very great, some warm wine or brandy and water may be given at the same time; and when, by these means, the circulation of the skin is restored, a vein should be opened and a moderate quantity of blood abstracted whilst the patient is in a recumbent position. When blood cannot be taken from a vein, it may be drawn from the temporal artery; and while the blood is flowing, the physician should place his finger upon the artery, and if the strength of

the arterial pulsation increases as the blood flows, he may proceed until from twelve to twenty ounces are taken from an adult. But should the pulse grow weaker, and the patient discover symptoms of fainting, it is probably at too late a period of the disease to bleed, and therefore it must be immediately stopped; for in all fevers of this kind, fainting increases the congestions in the large vessels, and consequently increases the danger of the disease; therefore to prevent this occurrence a spoonful of the warm wine or brandy and water should be occasionally given during the process of bleeding. In this manner sufficient blood may be abstracted to relieve the oppression, without the danger of a fatal collapse. The blood at first may only ooze from the orifice, guttatum, but generally, with a little patience, a stream is at last obtained. After bleeding, the warm wine may be continued until some degree of arterial reaction takes place; with the same intention, also, the external frictions, with the warm and steam bath, may be continued until reaction is fairly established. In the mean time calomel, from one to ten grains, should be given every hour, and stimulating injections of salt and water thrown up the rectum, and repeated every hour until the bowels are thoroughly evacuated, when the injections may be suspended, and the calomel continued in smaller doses, and given at longer intervals, until a healthy secretion of the liver and a copious flow of bile is induced, when the danger of the disease may be considered as having passed away, especially if a universal excitement has taken place, and all the secreting organs have resumed their healthy action—for nothing tends more effectually to remove congestions, than a due performance of the healthy functions of these organs. The buffy coat of the blood appears only in diseases of increased arterial action; therefore in congestive fever it is without the inflammatory crust, but this is no test of the necessity of bleeding. Where general bleeding cannot be practised, it is often extremely beneficial to apply leeches to the temples, throat, lungs, or the region of the stomach or liver, whenever either of these organs is particularly implicated; they may also be employed after general depletion has been omitted, when any one of these organs appears to suffer very much from the complaint.

Let the physician always bear in mind that in the first stage of congestive fevers the system is not exhausted, but *oppressed*; and if the first stage pursues its course unmolested, a universal collapse, accompanied with a disorganization of the viscera, always follows; hence a judicious application of remedies in the first stage affords the only chance for recovery.

The old practice of stimulating in scarlet fever is fast giving place to the more rational practice of depletion amongst all sorts of practitioners who read and reflect much, and the result is, that few now die, in comparison with the former numbers.

The successful treatment of congestive fevers long ago recommended by Sydenham, seems to have been forgotten by the practitioners of Europe and America. "But if it be inferred," says he, "that there is some malignity in the case, not only from the purple spots, but also from finding the symptoms of the fever milder sometimes than should seem agreeable to its nature, whilst notwithstanding, the patient is more

debilitated than could be expected for the time, I answer that all these symptoms only proceed from nature being, in a manner, oppressed, and overcome by the first attack of the disease, so as not to raise regular symptoms adequate to the violence of the fever; all appearances being quite irregular. From the animal economy being disordered, and in a manner destroyed, the fever is thereby depressed, which in the true natural order rises higher. I remember to have met with an instance of this kind, several years ago, in a young man I then attended; for though he seemed in a manner expiring, the outward parts felt so cool that I could not persuade the attendants he had a fever, which could not disengage and show itself clearly, because the vessels were so full as to obstruct the motions of the blood. However I said they would soon see the fever rise high enough upon bleeding him. Accordingly, after taking away a large quantity of blood, as violent a fever appeared as I ever met with, and it did not go off until bleeding had been used three or four times."—*Swan's Sydenham*, page 567.

This practice of Sydenham has been successfully applied to the treatment of the congestive form of scarlatina, and the following case, treated by Dr. Howell, is so much in point, we take the liberty to transcribe it.

"After a long march in wet weather, a lieutenant, of rather a full habit, aged 18 years, was seized with scarlatina, and the eruption receded on the second day. He grew gradually worse; delirium came on, followed by subsultus tendinum to an alarming degree, and he picked the bed clothes, and raved incessantly for four nights and three days. A dozen leeches had been applied to his head previous to the occurrence of the delirium, and the cold affusion and purgatives had been resorted to in vain. In this almost hopeless state, the pulse evidently sinking, and the action of the heart scarcely to be felt, the temporal artery was opened, as the most rational and only chance of relief. For some time the blood scarcely trickled down his cheek, and the motion of the artery was not perceptible. In a few minutes, however, the pulsations became evident; the artery, every instant, seemed to be regaining its strength, and the blood was at last thrown to the distance of a foot or more. So instructive a lesson could not be disregarded; and to have bled by ounces," continues Dr. Howell, "might have terrified us before relief was half obtained; we therefore persevered until the circulation was relieved, and the heart more equable in its action. The young man became more tranquil, and in a few hours fell into a profound sleep, which lasted nearly twenty-four hours. He awoke from every symptom, and recovered in a most rapid manner. The blood taken away weighed fifty-three ounces and a half."

"This case," says Dr. Armstrong, "may be paralleled, but cannot be surpassed in interest; and no lover of medical science or of human nature can peruse it without a feeling of admiration towards the man who suggested and applied the remedy. Under such circumstances, most practitioners would have had recourse to diffusible stimulants, and the patient would have perished from the congestion, and from the practice pursued."—*Armstrong on Scarlet Fever*, page 62.

[To be continued.]

DIETETICS—DR. ALCOTT'S WORK.—No. II.

[Communicated for the Boston Medical and Surgical Journal.]

THERE is probably no country of equal extent in the world, where the average of human life is so great as in New England. Probably the deaths in our country villages do not, on an average, amount to more than one in seventy, annually. Foreigners have been often surprised, on going into our burying grounds, at the large proportion of persons who have died at the age of seventy and upwards. Probably one in six of those born in New England lives to the age of seventy, and perhaps one in ten to that of eighty years. It is true, there may be, among us, fewer instances of extreme longevity, or of those who survive and pass their hundredth year, than in some other countries; but this is not inconsistent with the facts I have stated. The number of centenarians to be found among the slave population at the South, is remarkable. Their proportional number is many times greater than among the New Englanders; and yet, the latter are much longer lived, on the average, than the slaves of the South. Besides, it ought to be considered that human life is of comparatively little value after the period of seventy or seventy-five; for at that age, at the latest, man's faculties begin to undergo a rapid decline—his activity and energy and power of endurance are gone, and his usefulness nearly at an end.

Not only are the New Englanders long-lived, but they are, as a body, healthy, hardy, stout, muscular, fully developed in body, and well formed (I speak, more especially, of the agricultural portion of them—that portion which constitutes the great mass of the population). In these particulars there is no people that excels them.

When we recollect the things which have been alluded to, and, at the same time, take into consideration the well-known, and, for the present purpose, all-important fact, that these same New Englanders are what may be called the freest and best livers on the globe, have an abundance of all the good things of the world, and partake of flesh and fish and fowl liberally, none being so poor as to be unable to obtain these *necessaries* of life, as they would be called—when, I say, we consider all these things, and the obvious conclusions to be derived from them, it seems folly to be wasting the breath, to be preaching and prating forever about the perils of good living, and the dangers of eating flesh. Surely that kind of diet and those modes of living cannot be the worst in the world, cannot be very injurious, which are attended by such happy and healthful results. Were animal food as poisonous, as noxious to health and life, as the bran-bread gentlemen would persuade us to believe, why was not the universal yankee-nation long ago extinct? How can they have a face to live, year after year, in the face of such very excellent reasons for dying every day? How does it happen that the very people who eat a greater proportion of flesh than any other, and whose habits are, consequently, worse than any other, have, at the same time, better health, longer life, more robust bodies, and a little shrewder minds, than any other? I feel curious to know how Dr. Alcott will answer these questions—how he will reconcile these *facts* with the dogmas he

preaches. Will he attempt to reconcile them?—or will he not rather lead us aside to hear Mr. Graham's opinions, and then endeavor to amuse us with some practical illustrations of the effects of bran-bread and dried apples, spreading out before us his own case, and then, in long array, the cases of half a dozen gaunt, wry-faced, lantern-jawed, ghostly-looking invalids, who, he declares, are so many walking proofs (those that are able to walk) of the beautiful results of his system?

I do not deny that a man may eat too much—that many, in this land of plenty, do eat too much—that New Englanders, as well as every other people, are occasionally intemperate in food as well as in drink. But I do deny that this is one of our great national evils, and particularly among our agricultural people—the people of which I more especially speak. If intemperance of the kind alluded to is found at all, it is not, as a general rule, among the *mass* of our population—in our villages and among the hardy cultivators of the soil; but in our cities, and among professional men, and those of sedentary habits—those of impaired health and broken-down stomachs. It is not those who are well, those who have good appetites which they are accustomed to gratify, thanking God and asking no questions, who are in danger of erring either in the quantity or quality of their food. It is only those who are already sick, whose appetites are strong and bodies weak, that require the check of artificial rules and admonitory lessons. The sick, it may be, cannot be trusted with the plain business of taking their food in the way that nature seems to dictate; but the well, as a general thing, may be so trusted. The appetite, with them, is a safe and competent guide. With nothing but plain fare and substantial dishes, such as are found among our hardy yeomanry, there is no danger of healthy men killing themselves with eating. They are not the class of those who run after mountebank lecturers on health for advice. They are not to be benefited by the discoveries of certain cranium-cracked dyspeptics, or their vaunted system of living. They have within themselves a sure guide to which they trust themselves at the table, and which never misleads them or jeopardizes their safety. They give themselves up to the impulses and checks of nature, and are not betrayed.

I do not mean to say that there are not many persons who may live, and, it may be, thrive, on an exclusively vegetable diet. Those who take little bodily exercise, the sedentary, the studious, and especially such as have abstained from flesh in early life while the constitution was forming, may, at least, very often, appear well nourished without the aid of animal food. Such is the accommodating power of the human system, such its success in resisting or overruling all sorts of influences, even such as are of a decidedly noxious tendency, that a man may live, and perhaps grow fat, for a season, on almost anything which contains the materials of nutriment, and which does not entirely resist the action of the digestive organs. This power of adaptation to circumstances will preserve us harmless, to a certain extent, and within certain limits, whatever the situation in which we may be placed, or whatever the habits it may be necessary for us to adopt. We may live in Iceland or under the equator. We may take more or less food, more or less drink,

more or less sleep, and more or less exercise, and all with perfect impunity. It is very true, in our irregularities, we must not pass over certain limits, but within these prescribed bounds we may range about at our pleasure.

Though we very frequently meet with persons, especially women, who get along very well without animal food, such persons, on careful inquiry, will generally be found to enjoy very imperfect health. Whatever may be the reason, it is almost universally the fact that the vegetable-eaters among us (I do not forget what Dr. Alcott says of himself) are a very complaining sort of people. They are delicate, nervous, dyspeptic, and unusually susceptible to all sorts of influences. They have sallow or pale countenances, a lax fibre, little muscular strength, and are incapable of any fatiguing or laborious employment. These characteristics of the vegetable-livers are, doubtless, very often the result of inadequate nourishment, depending on feeble digestive powers and innutritious diet.

An exclusive vegetable diet is sometimes necessary as part of a course of medication. Medical men are in the habit of proscribing animal food in a great variety of diseases. In certain states of the digestive organs, and in some kinds of dyspepsia, nothing but the simplest, plainest food can be borne. In chronic gastritis, flesh or fish would be obviously improper. There are, too, certain idiosyncrasies (though these are commonly the product of disease) which seem to require the vegetable plan of living.

However it may be with certain persons, invalids, dyspeptics, those of delicate health, of studious habits, or sedentary employments, I regard it as certain that a change in the dietetic habits of the mass of our people, such as Dr. Alcott and his associates are endeavoring to effect, would be productive of great evil. It is true, there is no great danger that their endeavors will be crowned with success. They may preach till doom's day about the perils of eating flesh, or the excellencies of the bran-bread system, without effecting the revolution they desire, and without being much followed except by their own immediate disciples. Nevertheless, the doctrines they advocate are false and of injurious tendency, and serve to agitate, unnecessarily, the public mind. Invalids who attempt to follow their instructions often aggravate their complaints, while those in health are plagued and irritated by the incessant croakings and groanings of a sort of men they cannot understand. The attention of all, sick or well, is turned to their health, and they become anxious to know what they shall eat and what they shall drink. People thus become accustomed to think about themselves, to watch the operation of the organs, and to be over scrupulous and whimsical about their food, and drink, and whatever concerns their bodies. The worst thing one can possibly do to a sick person, and particularly a dyspeptic, is to set him to thinking about his own complaints; and the surest way to make a well man sick is to alarm him about his health, to set him to watching his stomach and quarrelling with his food.

I regard a great majority of the books and periodicals which have been published within the last dozen years on health, and which have

been addressed to the public, as so many nuisances. They have caused and aggravated, beyond calculation, the class of complaints which they were intended to prevent and remove. They have been written, generally, by misguided men, or by those ignorant of the nature of the evils they would remedy, of the influence of the mind upon disease, and of one function upon another. The authors of these works, it is true, have sometimes been medical men; but they have generally been mere M.D.'s—physicians without practice and without knowledge. Dr. Alcott need not think we mean *him*, as he is sometimes apt to do when the class of books spoken of is alluded to. I have already spoken in a complimentary manner of his labors. With those compliments he must be contented.

(To be continued.)

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I transmit with pleasure the following account of a remarkable case of dropsy, furnished by Dr. J. B. Whitridge, of Charleston. Dr. W. holds an eminent rank in the profession, and I trust that the pages of the Journal will often be favored by communications from such a distinguished source.

Yours, truly,

Boston, October 16, 1838.

E. J. D.

DROPSY.

The facts of the following interesting and remarkable case of ascites, were furnished by John Whitridge, M.D., of Baltimore, in a letter to Joshua B. Whitridge, M.D., of Charleston, President of the Medical Society, and ex-officio of the Medical College of South Carolina.

Mrs. A—— B——, a native and resident of Baltimore, Md., of good constitution and industrious habits, was married to Mr. G***** B*****, a German baker, in 1819, at the age of twenty-seven. Miscarried with her first child, at three months, in 1820. Second child stillborn, in July, 1824. Third, a son, born January, 1828, and now living. Fourth, also a son, born July, 1829, who is still living. Five months before the birth of this child, Mrs. B. began to be dropsical. She, however, continued, according to her own account, in good health and condition, but of a gradually increasing size, for about four years. Having now become too bulky either for comfort or activity—other means having proved ineffectual—the operation of paracentesis abdominis was performed by Dr. J. Whitridge, assisted by Dr. Corbin Amos, on the 18th of May, 1833, Mrs. B. then being forty-one years of age. Dr. W. drew off *eleven* gallons of serous fluid, with immediate and great relief to the abdominal distention of his patient, but not with an entire reduction of her enormous corporeal system—she then being in the ninth month of pregnancy. On the following Thursday evening, May 23d, he delivered her of a fine, fully developed, healthy boy, weighing between seven and eight pounds, which Mrs. B. afterwards

nursed. The child, however, survived but four or five weeks, and died of a bowel affection.

It is remarkable that Mrs. B. was able to keep about, and to be continually employed, up to the very day of the operation. Her recovery was rapid. In a short time she resumed her accustomed exercise and active habits.

It may be here observed, that the subtraction of the serous fluid, neither at this nor any subsequent period, although it of course relieved the immediate abdominal distention, and reduced the volume of an unwieldy system, did not increase her ability for active exercise and usefulness, in the domestic relation—but on the contrary, she was weaker, felt languid after every operation, and less disposed to attend to her accustomed avocations, than before. The presence of *some* serous fluid seemed to be a necessary stimulus to her system, and essential to healthful exercise, and a vigorous performance of her domestic duties.

A very slow but gradual accumulation of water took place, which induced the doctor to repeat the operation on the 21st of June, 1834. *Four* gallons only, or thirty-two pints, were then drawn off, after which Mrs. B. continued very well for about two years. But by the 9th of July, 1836, such an accumulation of water had taken place as to render another operation necessary, to which the doctor had recourse accordingly, and drew off *eight* gallons more. On the 8th of July, 1837, he again repeated the operation, and drew off *six* gallons. On the 7th of July, 1838, having no confidence in any remedial agent, which had or had not been tried, except the trocar—and having found, by experience, that the simple operation of paracentesis abdominis was not only the safest and easiest mode of relief, but the most expeditious and efficient means of obtaining the desired result—the doctor once more had recourse to it, and drew off *six and a half* gallons—making, in all, *thirty-five and a half* gallons, or two hundred and eighty-four pints, of aqueous fluid, which was subtracted at five different times, averaging about fifty-seven pints each time, during a period of between five and six years, in a disease of nearly ten years standing.

Mrs. B. is now forty-six years of age, has not menstruated since July last, and probably will not again have a regular return of the catamenia—this never before having been interrupted. She is free from anasarca, and that sallow or pale and doughy face, which so often characterizes hydropic subjects; but, on the contrary, has a clear skin, a bright animated countenance, indicating a cheerful mind. She is apparently free from any gastric or hepatic difficulties, and their attendant train of dyspeptic symptoms; eats and drinks without restraint, and with good appetite, digests well, and has the full enjoyment of the blessing of comfortable sleep; goes to market, walks all over town when necessary, attends to all the business of domestic and private life, not excepting that connected with her husband's calling; takes as much exercise in her sphere of action, as is consistent with the promotion or the preservation of the highest health; suffers no material inconvenience from a flaccid state of the parietes of the abdomen, and is not mentally distressed by not having a form as sylph-like as some of her sex; in short,

considers herself quite well, regarding, however, a recurrence of her symptoms as problematical. But whether they will ever return, must be left to the revelation of time—to which we so often look, and upon which we so much rely, for the development of important TRUTH.

October 10th, 1838.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, NOVEMBER 7, 1838.

DR. HARLAN'S CABINET.

A CATALOGUE of Dr. Richard Harlan's private collection in comparative anatomy, advertised for sale at Philadelphia, shows that he is offering a valuable cabinet to the first man or institution in want of it. Unless disposed of by private sale within a month or two, at farthest, he proposes carrying it to Europe, where he intends to remain two or three years. There are articles, and some of them of rare value, amounting in all to 700 specimens. First, there are thirty skeletons of animals, birds, &c., including the bones of a horse 22 hands high, and the skeleton of a man 6 feet high, as a rider. Next, 41 skulls, each one possessing rare interest, either on account of its individual history, or the race of men to which it belonged. Besides, there are 102 skulls of animals, which are not to be found in the same order and of equal value in America. The immense number of teeth, and preparations in spirit, together with the fossil remains of extinct families of animals, are too numerous for specification in this place. In this group are 200 labelled specimens from fossil bones, shells, &c., illustrative of Whealand and Tilgate forest, and 100 of the chalk fossils, in England.

If the Natural History Society of Boston cannot afford to purchase this rare museum, we would suggest that the University, with its ample means, take it into keeping. It would indeed be lamentable to have it distributed piece-meal through the earth. If there are no institutions in this city sufficiently alive to their own interests to secure this treasure, have we not individuals abundantly provided with the means for indulging themselves with such valuable materials for studying the works of their Creator? We are unwilling to admit there is not enterprise enough, in New England, at least, to save this collection whole in the country where it has been formed.

Compound Sliding Truss.—Dr. Fletcher has invented an ingenious instrument, a model of which has been recently completed, which seems to combine the advantages of Dr. Chase's with those of Drs. Corbett's and Gregory's. In calling it a *compound sliding truss* we may have applied a wrong name—and one for which Dr. Fletcher may not feel at all obliged; still, the manner of lengthening the spring by sliding one portion over the other, and the self-adjusting character of the pad, which is of wood, together with several curious combinations of springs, wheels, teeth and screws, seemed to indicate the above cognomen as most ex-

pressive. As soon as the instrument is ready for the public, accompanied by drawings, illustrative of the mode of application, the inventor intends to place it in the hands of physicians and surgeons. On the whole it may be regarded in the light of an improvement; and this we are constrained to admit, notwithstanding the great perfection we have heretofore believed had been attained in truss-making. There is no reason why Dr. Fletcher should not reap the benefit of this mechanico-philosophical contrivance, which professes to relieve a most serious misfortune. From appearances, the cost will not be high, which is much in its favor. Like artificial teeth, as a general rule, trusses have cost more than they were worth. If this one can be sold reasonably, there is no fear for its destiny. But more hereafter on this subject.

Dr. Luzenburg.—It is not our intention to enter into an examination of the causes which produced the expulsion of Dr. Luzenburg from the Physico-Medical Society of New Orleans, as narrated in the printed manifesto which is now before the public. Of one fact there cannot be a single doubt, viz., that he must have greatly disgusted a body of high-minded men in the City of New Orleans, to have compelled the association to act with such decision. And were it not true that he had forfeited all claims to respect, both as a gentleman and professional man, it seems impossible that there could have been such spontaneous opposition manifested towards one whom the members had delighted to honour.

Essex Southern Medical Association.—The police regulations of this Society, whose place of meeting is at Salem, is a compact little pamphlet, which seems to have been printed a considerable time, though we never happened to receive one till last week. It principally relates to consultations, interferences, differences of physicians, discouragement of quackery, conduct for the support of the medical character, &c., which if strictly complied with by the members, must long ago have made them the happiest people in the profession. It is understood that there is a fine library, perhaps a cabinet and a series of interesting records. Dr. Peirson, or some of his neighboring brethren, will much oblige us by transmitting some account of the history of the association and the results of its labors.

Medical Miscellany.—In no former year have the people of the beautiful island of St. Croix enjoyed such uniform good health as the present. Although the weather has been exceedingly hot, the thermometer has never ranged, at any time of day, above 71 degrees. A writer says that he does not know of a single death by fever, unless some European sailor may have lost his life in that way, induced by imprudent conduct.—Dr. W. W. Gerhard, of Philadelphia, a gentleman whose name is familiar to the profession, has become one of the editors of the Medical Examiner. This periodical contains a list of all the surgical cases in the Pennsylvania Hospital, with the immediate treatment adopted.—In a notice of Dr. Charles Hooker's essay on the relation between the respiratory and circulating functions, published in the last volume of this Journal, the editor of the Louisville Journal of Medicine and Surgery says—"This is a very able paper on a subject but little understood. The observations are correct, reasoning accurate, and inferences logical."

Of Dr. Davenport's case of laceration of the iris, he says—"Under all the circumstances it may be regarded a very interesting case, and one which speaks very commendably of the surgeon."—We learn, by the papers, that the operation of tying the subclavian artery was successfully performed, lately, by Dr. G. H. White, of Hudson, N. Y. We should be pleased to publish a report of the case, from the operator.—A dreadful mortality is represented to be raging among the emigrant Indians.—A case is related, in a New York paper, of the spontaneous bursting of the digital arteries of the middle finger of the left hand, on the second joint. Dr. Bostwick, the surgeon, cauterized the wound, and in eight days the finger was well.—A Dr. Foltz is said to be preparing a work on the effects of climate and *isothermal influence*.—The scurvy has broken out in the vessels of the French blockading squadron in the Gulf of Mexico, which has proved very destructive to the seamen and officers. It is also announced that the yellow fever has appeared and proved fatal to some of the prominent officers of the expedition.—Cases of plague have appeared near Constantinople, and the Government was unusually active, by the last advices, in trying to stay its progress.—Dr. John Torrey, of New York, is about publishing a large work on botany, in three closely printed octavo volumes, at \$4.50 per volume.—There has not been much abatement of sickness at Peoria, Illinois, for some weeks. Many valuable lives have been lost by the prevalence of the present epidemic.—A donation of ten thousand dollars, from the late William E. Payne, has been received by the treasurer of the Eye and Ear Infirmary in this city.—Gaudaloupe seems to have suffered, to a very severe extent, the present season, by yellow fever. The European officers connected with the military force were all swept off in the latter part of July.—Several persons have died in England, of late, by taking excessive quantities of Morison's pills.—It is now positively announced that the yellow fever has nearly, if not wholly, disappeared from Charleston, and strangers can go there with impunity.

☞ Hosack's Practice of Physic, Mr. Combe's translation of a *tréatise* on the Functions of the Cerebellum, and an account of a late meeting of the British Provincial Medical Association, with other favors, will have early attention.

DIED,—At St. Johns, N. B., deeply regretted, Dr. Thomas Paddock, a distinguished physician and surgeon, aged 48.—At Cambridge, Mass., Dr. J. W. Valentine, late of Charlestown, an estimable man.—At Canaan, N. H., Dr. Columbus Gates, 34, late of Boston.

Whole number of deaths in Boston for the week ending Nov. 3, 35. Males, 17—females, 18.

Of consumption, 3—burn, 1—disease of the head, 1—fits, 1—rheumatic fever, 1—typhous fever, 1—inflammation, 1—scarlet fever, 2—croup, 4—pleurisy fever, 1—teething, 2—hooping cough, 2—cancer, 1—old age, 1—brain fever, 1—diarrhea, 1—canker, 1—child bed, 2—inflammation of the bowels, 1—chronic inflammation of the stomach, 1—accidental, 1—stillborn, 4.

NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,

Oct. 17—1yeop

33 Prince St. corner of Salem St. Boston.

AN EXCELLENT CHANCE FOR A PHYSICIAN.

THE subscriber, the only physician in the town, offers his stand for sale, situated in Lempster, N. H. in a pleasant village, consisting of an excellent two story house, well finished and nearly new, with a back kitchen, wood house and barn, so constructed as to make it a very desirable situation for a physician—a good well of water under cover by the kitchen door. About one acre of land, under high cultivation. The town contains over 1000 inhabitants. Nearest physician from five to seven and a half miles. Price less than \$1000.

Oct. 17—3t

TRUMAN ABELL.

ALBANY MEDICAL COLLEGE.

THE public course of lectures in this Institution will commence on WEDNESDAY, the 2d of January, 1839, and continue sixteen weeks. The new and extensive College edifice, which has been completed during the past summer, is situated in a central position, and in architectural character, dimensions, and internal arrangement, is admirably adapted to the purposes of medical instruction. The museum of the institution occupies a room fifty feet square, two stories high, with a gallery, and glass cases above and below. It is furnished with an extensive and choice collection of specimens in healthy and morbid anatomy, together with casts, models, plates, and magnified drawings in great variety, and every kind of preparation necessary to illustrate the departments of Anatomy and Physiology, Surgery and Obstetrics. The other departments are provided with ample means for illustration, and with all the apparatus and materials necessary to render the courses full, practical and complete. The Anatomical Theatre, which will be appropriated to all the demonstrative branches, is fifty feet square, with seats for 400 persons, arranged in a circular manner around the area for the lecturer, which is lighted by a large dome and sky-light immediately above it. The dissecting rooms, which are spacious and convenient, will be kept open during the term, under the immediate charge of the Professor of Anatomy, by whom every facility will be provided for the cultivation of practical anatomy and operative surgery.

The Chemical Laboratory and other apartments are large and commodious, and well adapted to the purposes for which they are designed. The course in Chemistry and Natural History will be illustrated by extensive and richly furnished collections in Mineralogy, Geology and Botany, and to some extent in Comparative Anatomy. In Materia Medica and Medical Jurisprudence, as well as in the other departments, it is designed to exhibit as many facts and illustrations as possible, and to render every subject, so far as is practicable, a demonstrative one.

There will be clinical instruction in Surgery and Practice every Saturday during the term, at the hospital connected with the Almshouse, where there will be opportunities of witnessing a great variety of cases and surgical operations. All operations on the poor will be performed gratuitously (if in the presence of the class) during the term.

Degrees will be conferred at the close of the term, and all the powers and privileges conferred by other medical institutions of the State, will be secured to the graduate. The requirements of candidates for graduation are the same as at other institutions.

The lectures in the different departments will be delivered as follows:

Principles and Practice of Surgery, by	- - - - -	ALDEN MARCH, M.D.
Theory and Practice of Medicine, by	- - - - -	DAVID M. REESE, M.D.
Chemistry and Natural History, by	- - - - -	EBENEZER EMMONS, M.D.
Anatomy and Physiology, by	- - - - -	JAMES H. ARMSBY, M.D.
Obstetrics and Diseases of Women and Children, by	- - - - -	HENRY GREENE, M.D.
Materia Medica and Pharmacy, by	- - - - -	DAVID M. McLAUGHLIN, M.D.
Medical Jurisprudence, by	- - - - -	AMOS DEAN, Esq.

The price of tickets to all the lectures is \$65. Graduation fee, \$20. Matriculation fee, \$5. Dissecting fee, \$5. Graduates, licentiates, regular practitioners, and students who have attended two full courses of lectures at any incorporated institution, are required to pay only the matriculation fee.

The price of boarding and lodging varies from \$2.50 to \$3.00 per week.

Albany, 1838.

031*

J. H. ARMSBY, *Dean of the Faculty.*

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by	- - - - -	DR. BIGELOW.
On Anatomy and Surgery, by	- - - - -	DR. REYNOLDS.
On Midwifery and Chemistry, by	- - - - -	DR. STORER.
On Physiology and Pathology, by	- - - - -	DR. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1838.

Aug 22—ep3m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct 31—eptf

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THE
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WEDNESDAY, NOVEMBER 14, 1838.

[NO. 15.]

DR. FULLER'S PRIZE DISSERTATION ON SCARLATINA ANGINOSA.

(Continued from page 219.)

WATER.—In the inflammatory form of scarlatina, cold water, in the form of affusion or sponging, may be regarded as one of the most important of known remedies; and if faithfully applied, and repeated as often as the skin becomes excessively hot, it will lower the pulse, prevent delirium, and for the most part answer the same purpose as bleeding. Hence, physicians who are averse to the employment of bloodletting in this disease, may substitute the affusion or sponging with cold water. Whenever affusion cannot be practised, sponging with cold water, or with water and vinegar, properly applied, and repeated as often as the heat of the skin requires, will produce nearly the same good effect as the affusion, and generally both the patient and his attendants will prefer it. The use, however, of cold water should be confined to the stage of excitement only; and as soon as that is fairly developed, the application of cold water may be commenced.

The combination of cold water and vinegar, in the proportion of two parts of the former to one of the latter, we believe is more effectual in reducing the heat of the surface than water by itself; and if the affusion or sponging is repeated six or eight times in the twenty-four hours, during the few first days of intense excitement, it never fails to reduce the fever and to obviate the fatal tendency of the disease, and is the best substitute for the lancet of any remedy with which we are acquainted. In ordinary cases it may not only be employed as a substitute for bleeding, but in the highly inflammatory scarlatina in conjunction with it, when the detraction of much less blood will be required. In the evening exacerbation of the fever, when delirium often occurs, we have seen it removed in the course of twenty or thirty minutes by the application of the cold water—the febrile excitement abates, and we have often noticed a reduction of twenty or thirty pulsations in a minute whilst under the influence of the sponging. Some physicians object to the use of cold fluids in this way, fearing that it may cause the rash to recede and occasion all the trouble which is known to follow the retrocession of the efflorescence in that form of the disease which is accompanied with a congestive typhus; but we have prescribed it in many hundred cases during the period of excitement, and always with much relief to the patient, and not in a single instance has it proved injurious, nor caused the rash to recede; and it is probable, if injury has ever followed its application, it was either continued beyond the

period of excitement, or improperly prescribed in the congestive forms of scarlatina, which are unaccompanied with a stage of excitement; therefore in that case it would increase the internal congestions, and consequently the danger of the disease.

The affusion may be performed by pouring a pail full of cold water into a sieve held over the patient's head, whilst standing in a large tub. But it is often inconvenient to employ the affusion, or the patient may be unable to stand, in which case sponging the body all over with the cold fluid may be substituted for the affusion. During the whole period of excitement the head should be kept constantly wet, by means of folded clothes wet in cold water and vinegar, and renewed as often as they become warm.

In the scarlatina accompanied with a congestive typhus, when the rash does not come out, or when it recedes soon after it has made its appearance, every means in our power should be employed to recall the eruption to the surface, by stimulating frictions, baths of warm water saturated with the muriate of soda, or the warm diluted aqua regia bath, or the steam or spirit bath, or any of the forms of bath above mentioned. Either of these may be employed three or four times in the course of twenty-four hours, until the capillaries are excited, reaction takes place, the internal congestions are removed, and the circulation equalized. Frictions should accompany the bathing, and often stimulants during the detraction of blood, as before recommended. Also frictions on the chest and back, with from six to twenty drops of croton oil twice daily, will bring back the rash, or cause an eruption resembling it, and afford relief to the congested organs.

The late Dr. Perkins, of tractorizing memory, in the treatment of scarlatina, placed his whole dependence upon the internal use and external application of vinegar saturated with common salt. The external application was joined with frictions with flannel, and in all cases where the surface was cold it was employed warm, and combined with the acetous tincture of capsicum; also the capsicum was given internally with the salt and vinegar. When given in large doses it often proved emetic and cathartic, which tended to equalize the circulation and the excitement. In an epidemic malignant scarlatina, some forty years since, in the State of Connecticut, the practitioners of those days employed the then popular remedies of bark and wine, and the result of their practice was, that four out of five died of the disease. When the epidemic was at its height, Dr. Perkins visited that region and prescribed his favorite salt, pepper and vinegar, with an effect to cure four out of five, and he often affirmed that not one individual died who commenced his treatment at the beginning of the disease.

Nitre.—Although this article may appear to some physicians useless in the treatment of scarlet fever, yet from long experience of its utility we recommend it as one of the most important adjuncts to other remedies, and of itself capable of removing some of the most urgent symptoms of the disease. As soon as the throat becomes sore and inflamed, a lump of nitre may be held in the mouth, and the solution swallowed from time to time, as the salt becomes dissolved. In this way nitre will

always relieve the inflammation in a remarkable degree ; and if used at the very commencement of the attack, will often prevent entirely the ulcerations of the throat and fauces. Care must be taken, however, that the patient does not get too much of the medicine in the course of one day ; for the extreme anxiety to remove the inflammation of the throat might urge him to employ it so liberally as to produce death, as one ounce in the course of twelve hours would often prove fatal ; but one or two drachms may be taken by an adult in the course of twenty-four hours, without danger.

In all cases of scarlatina attended with high arterial action and great heat, camphorated nitre, in the dose of from one to six grains, every two, three or four hours, according to the age and other circumstances of the patient, should be given in powder internally, in combination with pulv. antimonialis and calomel, during the few first days of the excitement. It adds very much to the febrifuge properties of the antimony and calomel, in reducing the heat, and in relaxing the external integuments. It also reduces the inflammation of the mucous membranes of the stomach and bowels, as much as that of the throat. Hence the great benefit which may be derived from its early employment. In some cases of excessive heat of the skin, during the stage of excitement, we have found a solution of nitre in water, applied to the surface of the body, much more effectual in reducing the heat than either water or vinegar and water.

In the nitre we possess another remedial agent for reducing morbid excitement, which, with the cold bathing, will in most cases prevent the necessity of bloodletting ; and if it does not cut short the disease, it will always render it milder. Furthermore, according to our experience, neither rheumatism, croup, or dropsy, follow scarlet fever when the morbid excitement has been properly reduced by the use of venesection, cold affusion, nitre, and other febrifuge remedies.

Acetum Plumbi.—Dr. Cullen and some other writers recommend this salt of lead to be employed for the reduction of febrile excitement ; but in consequence of its poisonous properties, it has not been very often given internally, yet its power of reducing external inflammation, when applied in solution to the inflamed surface, has been known for ages. And, reasoning from analogy, we should judge that it would be equally efficacious in reducing the inflammation of the mucous membranes of the primæ viæ ; accordingly we have given it in dysenteries of the worst kind, with an effect truly surprising, after other remedies had failed to relieve the tenesmus and the distressing tormina of the bowels. Recently Dr. Robert G. Graves has applied it in the Asiatic cholera, and has found it to allay the irritability of the stomach, to prevent nausea and vomiting, and to cure the disease, in almost all cases when given at the commencement.—*London Medical Gazette.*

Inflammation of the digestive mucous membrane being the primary effect of scarlatina, whatever prevents the inflammation, or moderates it when it has already occurred, will obviate the excessive excitement which follows, and consequently the danger of the disease. The acetum plumbi was first used as a gargle, and from its good effect in controlling the in-

flammation of the throat and fauces, it was thought proper to give it internally in cases attended with tenderness at the stomach, accompanied with great irritability, nausea and vomiting, which are symptoms accompanying gastritis; and in all the cases where it was used, it seemed to act like a charm in allaying the morbid irritability and in preventing the high arterial action which otherwise would have followed. We, however, have not prescribed the medicine in a sufficient number of cases to establish its reputation, or to advise its employment generally in the treatment of the scarlet fever, but merely throw out these hints for the further consideration of other physicians. The dose is from one quarter of a grain to two grains, made into pills with one fourth part of opium, and given every two, three or four hours.

Nitras Argenti.—Since the observations of Dr. Higginbottom on the employment of the nitrate of silver for the removal of external inflammations were published, we have used a solution of the nitrate for a gargle in scarlatina, and have found it far more efficacious than the vegetable astringents usually employed. And its uniform effects in removing the irritability, inflammation and soreness of the throat, induced us to prescribe it internally to relieve the inflammation and irritability of the mucous membrane of the stomach and bowels, and in every instance where it was given it quieted the irritability of the stomach, and rendered the succeeding part of the disease very mild. Now if hereafter a further application of the medicine shall prove that it uniformly removes the inflammation of the mucous membranes of the primæ viæ, we shall have obtained an agent with which all eruptive febrile diseases may be controlled and deprived of their fatal tendency at their very commencement, for we repeat that the skin affection and the excitement are in proportion to the severity of the inflammation of the mucous membranes.

Colchicum Autumnale.—The remarkable power of this medicine in reducing irritability and inflammation of internal organs, has induced some practitioners to extend its use to almost all inflammatory diseases; and Dr. Lewins, of Scotland, concludes, from the result of his trials, that “we may more certainly cut short fever, or, at least, break its force, by the judicious administration of colchicum, than by any other known means.” And Dr. Tait, of Edinburgh, says that he has found it one of the most effectual remedies in the treatment of the highly inflammatory scarlatina—that it diminishes the inflammation of the mucous membranes, relieves the irritability and general excitement, and, when judiciously employed, will in all cases of increased arterial action obviate the necessity of venesection. The dose for an adult, of the wine of colchicum, is from twelve to fifteen drops every two or three hours, and for children three or four drops at the same periods of time; but as the general excitement abates, the dose must be reduced in quantity, or it may do injury. Perhaps ten drops four times a day may be sufficient in ordinary cases, provided that mercury and antimonials are employed at the same time.

The three last mentioned articles extend our resources in the treatment of the scarlatina, and their *modus operandi* in diminishing fever

and inflammation appears to be the power they possess of allaying morbid irritability, for which all three of the remedies are celebrated. If this view of the subject be correct, atropa belladonna will hereafter be found another most valuable article in the treatment of inflammatory affections, for it is still more remarkable in relieving irritability than either of the other medicines; and it has lately proved so effectual in removing inflammation of the eyes, that its use will soon be extended to all inflammatory affections. But, as a general rule, all medicines which allay irritability and tranquillize the system, should be confined to those inflammations which result from a morbid irritability—such as gout, rheumatism, scarlet fever, erysipelatous fever, and some others.

Gargles.—After the throat becomes ulcerated, gargles often afford much relief. Any one of the vegetable astringents which the patient or physician may fancy, in decoction, may be employed for this purpose. The acetous tincture of capsicum, saturated with common salt, forms a most excellent gargle after the process of sloughing has taken place; it separates the dead from the living parts, and communicates a healthy stimulus to the fauces and the glands of the throat.

Among the mineral astringents often employed, are borax, alum, acetum plumbi and salts of iron. But all of these gargles are far inferior to blue vitriol in a strong solution, the nitrate of silver, or creosote. One faithful application of either of these articles immediately arrests the ulcerating and sloughing process, and disposes the ulcerations to heal; and by continuing the application twice a day, the reduction of the inflammation and soreness of the throat is so remarkable, that the deglutition becomes easy after a few applications.

Whenever the breath becomes extremely fetid, in consequence of the putrid ulcerations of the throat, a solution of the chloruret of lime or soda may often be employed as a gargle to destroy the fetor, and will afford comfort both to the patient and his attendants. One part of creosote to sixty parts of water may be employed for the same purpose.

Cataplasms.—Whenever the tonsils become much enlarged and the throat considerably swelled, the danger from suffocation becomes imminent. In such cases, poultices often afford quick and permanent relief, by reducing the swellings and by relieving the inflammation, and, according to our experience in such cases, poultices never induce suppuration. It is sometimes important, previous to their use, to apply leeches to the swelled glands, and sometimes blisters, but generally cataplasms alone, frequently repeated, are sufficient to remove the swellings and inflammation. The poultices may be made of linseed meal, or of linseed and corn meal, or of the slippery elm; but we have sometimes employed a poultice made of carrots, boiled soft and passed through a sieve, and applied warm to the swellings, and have thought them superior to any other. If leeches and blisters have not been used, the volatile liniment may be applied to the throat every time the poultices are renewed.

Sometimes, as a substitute for the poultices, we have employed sinapisms made by combining equal parts of rye meal and ground mustard, mixed together with a sufficient quantity of molasses to form into a

plaster, when it may be spread and applied to the throat. At other times we have used the acetous tincture of capsicum, saturated with the muriate of soda, as an application to the swelled glands; but when the heat of the skin is very great, the poultices should be preferred, and the mustard and pepper be reserved for those cases where the heat is below the standard of health.

Cinchona.—Most writers of the last half of the eighteenth century recommended bark, combined with stimulants, as their sheet anchor in the treatment of scarlatina; but the disease must then have appeared in a different form from what it is at present, or they must have erred exceedingly in their pathology and treatment—for if, according to Broussais, the first link in the chain of morbid action is a gastro-enterite, induced by the poison of scarlatina, can the disease be removed by the employment of bark and wine? The very idea is preposterous, and we know of no circumstances which should induce us to employ bark, or any of its preparations, during the two first stages of the highly inflammatory disease; yet, we repeat, it is possible that in certain seasons, and in certain malarious locations, where the poison of scarlatina becomes combined with the miasm of those districts, the attending fever may assume the intermittent form, in which case the bark, or quinine and piperine, may be given during the intermission.

Bark and its preparations may also be given during the stage of collapse, or as a tonic to remove the debility after the fever has disappeared, and during the convalescence; but if congestions remain after the fever has abated, bark will increase them, and at length cause a fatal termination of the disease. In such cases it will be much better to employ an infusion of camomile, acidulated with either the elixir of vitriol or the muriatic acid; but, fortunately, neither bark or other tonics will be required, for the system will generally renovate without the aid of either tonics or stimulants, if the previous disease has been judiciously treated.

Stimulants.—These should never be employed during the two first stages of inflammatory scarlatina; but in the congestive form, whilst the vis vitæ is oppressed and almost overpowered, warm wine or warm brandy and water, powdered capsicum, tincture of cantharides, or the carbonate of ammonia, may be given to support the powers of life during the warm bathing and the operation of bleeding; but as soon as sufficient blood has been taken to remove the oppression and induce reaction, the stimulants must be withdrawn, or they will add fuel to the fire, which can never be quenched except by death. Wine and other cordial stimulants may also be employed, when indicated by excessive debility, in every form of scarlet fever during the stage of collapse, unless lesions exist in some of the most important internal viscera, in which case stimulants will aggravate every unfavorable symptom. In cases of extreme debility the diffusible stimulants, such as chloric ether, tincture of capsicum, tincture of flies, opium and carbonate of ammonia, are to be preferred to wine; and amongst them the carbonate of ammonia is one of the best, for it excites a gentle diaphoresis, and produces a more natural and healthy excitement than almost any other medicine of this

class ; but in the last stage of congestive scarlatina, when the debility is accompanied with excessive irritability, opium, either alone or in combination with calomel, is a medicine of great utility, often, as in the last stage of cholera, snatching the patient from the grave.

Dover's powders are also among the best remedies in the stage of collapse. They do not heat like opium, but are more sudorific, and less disposed to affect the head, and perhaps relieve the irritability of the system as much as the uncombined opium.

The powdered capsicum, made into pills with crumbs of bread, and given three or four at once, four times a day, is a most valuable stimulant in the last stage of scarlatina, and we believe it to be an article of great utility in all cases of debility, from whatever cause it may originate. In passive hæmorrhages and the petechial form of scarlatina, it is superior to almost any other remedy, and we think its use is too much neglected by the regular practitioners of the present day. The Africans are said to escape the deadly fevers of their climate by the daily use of the powdered capsicum, mixed with their food.

When the powers of life are sinking, camphor, in the dose of from one to three grains every hour, or the saturated alcoholic tincture, in the dose of from three to twenty drops every hour or two, is one of the most effectual remedies to lessen nervous irritability, to allay spasmodic action, to equalize the circulation, and to produce perspiration.

Piperine is an important stimulant, to be employed only during the stage of collapse, and if combined with quinine its tonic properties are very much enhanced.

(To be continued.)

COW-PARSNIP.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Although your correspondents have nearly established the botanical character of the cow-parsnip of Dr. Partridge, I herewith send you a specimen of the plant, which I prepared some time since, but for want of a suitable mode of conveyance have deferred sending it until you may think it altogether too late in the day.

It is a very common plant in this section of the country, and is known by the names of royal cow-parsnip, meadow cow-parsnip, golden Alexanders and false Alexanders. And in addition to the use of the seeds, as recommended by Dr. P., the root is held in high estimation by some as a stimulant and carminative.

Whether the enclosed is of any benefit to you or not, please to receive it as a token of respect from a reader of your valuable Journal.

Shaker Village, N. H., Oct. 20, 1838.

WM. TRIPURE.

Note.—We acknowledge the safe reception of two beautifully prepared specimens of the above plant, which are at the service of those who would like to make themselves familiar with its appearance.—ED.

MEDICAL ESSAYS.—NO. II.

[Communicated for the Boston Medical and Surgical Journal.]

“EXTREMES ARE DANGEROUS.”

THE moralist tells us that it is a law of our present condition, that every pleasure, pursued to excess, converts itself into poison, and becomes ruinous to soul and body. In conformity with this *law*, it may be said, that even every blessing and comfort of life enjoyed to excess (not being used according to the divine precept), becomes a curse, and is alike injurious to the health of soul and body. Man's proper province, therefore, in this sublunary world, is located in the *humble mean*, or at some secure position between those extremes, an approach to which is so dangerous. We have accordingly selected for the motto of this and the two following essays, an adage as old as time, and as durable as adamant—an adage that has received the sanction of all past history, as well as every day and hour's experience.

All enlightened nations have manifested a strong propensity to a *proverbial mode of expression*, or to a frequent use of *proverbs*; some of which have been truly remarkable for their beauty and energy, and some only need to be announced to produce a firm conviction of their truth. Many of them are still worthy of being called the *beacon lights* of life, unaccompanied by which the pilgrimage of many a man and woman becomes a still more bewildering scene, and greatly more expensive of time and money. We are not a little surprised to see how frequently the same proverb, or the sum and substance of the same, obtains a footing and general currency in the languages of different nations of the earth. But there is no one science or branch of human knowledge that partakes or abounds more in proverbs than that of the *healing art*. An eminent member of the medical profession, in our own country, speaking of the best system of modern medicine, says it is only a *converging series of maxims*. What child of enlightened lands has not had his attention arrested by, and felt the force of, that *jewel* of mother wit, *an ounce of prevention is worth a pound of cure*. Notwithstanding, should the motto of our essay be strictly observed, and every dangerous extreme avoided, the utility of even that *jewel* itself would seem to be superseded.

It must be admitted by all, and especially by every reasonable person, that excess in eating and drinking is a prolific source of disorder and disease. “A well-regulated system of diet,” says one, “has great power in checking disease, and in promoting health.” But in opposition to such a sentiment, the epicure and hard drinker must needs present their doctrine, and urge us to believe that *what nature craves is always healthful*. We would not, and need not, at once controvert this saying of theirs, whilst we assure them both, that the *appetite* which they possess, and of which they boast, is an unnatural and morbid one. The epicure and the intemperate may follow nature if they will only adhere to the genuine simplicity of nature, and ascribe nothing to her but her due. That being the case, she will never dictate wrong in regard to meats and drinks. The man who receives from her bounti-

ful hand what is *necessary*, and only what is necessary, for the sustenance and comfort of the body, will always find that nature dictates right. But he who consults his own morbid appetite, and gives full license to whatever of food or drink presents itself, will sooner or later reap the products of his folly; and if his conscience be not the lying varlet of the epicure, or the seared iron of the drunkard, he will soon acknowledge his error and no longer boast of nature's friendship.

Of the extremes to be avoided, the first we shall mention is *excessive eating and drinking*, and the use of *innutritious food*. By such means the system becomes so far disposed to disease, that the slightest approach of miasmatic poison will be likely to take real effect. A course of living of this sort will most certainly predispose the system to any disease; and nothing will prove a more effectual barrier against all disorders, than a regular and simple diet upon suitable and nutritious food. Nutrition depends upon the quantity and quality of the food, and the regular periods of receiving it. Many, no doubt, have been predisposed to disease by mere inanition, or hunger. As to quantity, that indeed is to be determined by each one's own experience, although it seems pretty well ascertained that every individual may become accustomed to a fixed or measured quantity at every meal. The experience and testimony of Lewis Cornaro amount to full proof in regard to this matter. Having suffered so severely from his excesses in eating, he restricted himself to eleven ounces daily, and thenceforward enjoyed good health. His friends, through misguided or ill-judging sympathy, prevailed on him to add a little more to his daily repast; the consequence of which was, that he suffered a sensible decline in his health. We may here, however, be told, that the stomach is like a school boy, doing mischief when it is not constantly employed. In reply, we need only allege, that in the case of the noble Venetian, the measured or limited quantity served no doubt to keep the stomach sufficiently occupied during the intervals of taking his allowance. Precisely the same quantity might not suffice for every individual; and yet it may be said, with truth, that a certain quantity (far less than ordinary) might be fixed upon, that would afford the stomach sufficient occupation. As to quality, that, also, can be determined by experience. It is to be observed, however, that the quality of an article, in point of wholesomeness, may be materially changed by the method of preparing it, or by the art of cookery. The French and English, though but a few miles apart, differ very obviously in many things; and in none more than their daily food, and the method of preparing it. The consequence is, the French enjoy more health, and experience fewer inflammatory diseases. Allowing all that is reasonable to a difference of climate and other causes, it is still very obvious, that the difference in point of health, in favor of the French, is to be attributed, in a good degree, to their peculiar moderation in eating and drinking. The same difference, attributable to the same cause, obtains between the French and Americans in Louisiana. And, further, the quality of the same article, in the hands of a French cook, is materially changed. This is not a little surprising, when we consider that the English, as well as Americans, have long been

avored with the advice of Cullen, and the experiments of Rumford, upon the subject. We do not mean to assert that the French cookery is entirely unexceptionable. The French cooks are sometimes too liberal in spices and condiments. These, no doubt, when used with moderation, serve to stimulate the stomach, promote digestion, and aid the secretions. We are also credibly informed that the injurious tendency of these things among the French, is often greatly, if not entirely, obviated by the use of coffee. The principal condiments are salt, sugar and vinegar, which we merely name, in order that the reader may be aware of an excessive use of them. In regard to the French cookery, we are not forgetful of what Broussais pretends to have discovered concerning the matter. Somewhere in his works, he takes exception to the French cookery, by alleging that the frequent use of high-seasoned articles of food had, in many instances, irritated the mucous membrane of the digestive tube, so that a susceptibility to inflammation was the natural consequence.

“The cookery of animal substances,” says one, “is of two kinds, as it is applied in a humid form, in boiling and stewing; or in a dry form, in roasting, broiling and baking. By the joint application of heat and moisture, in boiling, the texture of meat is rendered more tender and more soluble in the stomach.” The experiments of Count Rumford have established the point that *stewing*, with a low degree and long-continued action of heat, renders meat more nourishing than any other form of cookery. Some very interesting experiments have been performed in France, by M. Edwards and Julia Fontenelle, which serve to show that good food is to be known less by the weight which the body may acquire, than by the increase of muscular power. We should be pleased to see these experiments continued, and especially in our own country; with the anxious hope that it would have a tendency to check that imprudent and luxurious living so common among us.

It is ascertained that an habitual and excessive use of salted meats will dispose the system to cutaneous complaints; and nothing is more reasonable than that people should be debarred from the free use of fresh meats, in a warm climate, during an epidemic. There is, doubtless, under all circumstances, a choice of meats to be exercised; some of which are of course more wholesome, or better suited to the digestion of some, than others. Experience controverts the position that mankind will enjoy better health, by making use of *none but vegetable food*. A proportionate quantity of each seems to be generally the most profitable.

Dyspepsia is a common complaint; and in nine cases out of ten it is doubtless owing to an excessive use of improper meats and drinks, and irregular habits of eating. So much that is true has been said and written of late years, and so many stubborn facts recorded by the wise and talented among us, in regard to the evil of stimulating drinks, and the widely devastating career of Prince Alcohol, that the “wayfaring man, though a fool, need not err therein.” As to coffee and tea, as used in this country, in most families, there is reason to believe that they are *both* detrimental. Good coffee has often been pronounced the most salutary of all drinks used at meal time; and some say, may be taken

with advantage at all times, when there is no bile in the stomach. Judging from experience, we would say, that in order to secure the advantage, coffee should invariably be used with moderation, and in the former part of the day. The nervous and astringent qualities it possesses, render it unsuitable for repose, or the night season. Whoever indulges much in the use of strong coffee at the supper table, will inevitably experience that morbid wakefulness which is so inseparable from a dyspeptic or disordered state of the stomach and bowels. Tea is a narcotic, but it may be used with advantage in moderation, in the evening, especially when associated with a proper quantity of sugar and milk. But tea, when taken too copiously, is productive of nervous weakness, tremors and palsies, and serves very much to aggravate hysterical and hypochondriacal disorders.

Bread is indeed the staff of life; but it is not every kind of bread, nor is it every kind of *making bread*, that secures the end proposed. Raised or light bread is plainly more wholesome and digestible; and we would add that *brown bread*, or bread of a mixed character, is generally more wholesome. The corn bread of the southern and western States, as a simple and wholesome aliment, holds precedence of all other bread in those States. The Indian bread of New England is much the same, but it is in very little use. Wheat and rye constitute the principal bread stuffs in that region, the latter being found the most wholesome. In regard to bread in general, we would recommend a change, or an occasional use of different kinds of bread; and we would at the same time most seriously enjoin upon all, the disuse of all kinds of hot bread. Among the excellent regulations of the State Prison at Auburn, New York, is an established rule, that no bread is to be eaten at any time, by the prisoners, but such as has been baked the day previous. It was remarked by an elderly physician, in one of our northern colleges, that certain students who were evidently dyspeptic, were *starched up with wheat bread*.

As to food in general, it is evident that whatever is crude and indigestible, ought to be rejected. It would seem that every faithful parent would guard his children against everything of that sort; and that painful experience would be a sufficient monitor for every adult. Unripe fruits and vegetables are never to be used with safety. Whilst reflecting upon the gifts and bounties of nature, we are prone to indulge the thought that the maturity or ripening of fruits carries in itself a striking and commanding intimation of the proper time, and the only time, when they can be used with safety.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 14, 1838.

LECTURES ON THE THEORY AND PRACTICE OF PHYSIC.

A SPLENDID octavo, of six hundred and ninety-nine pages, has recently appeared at Philadelphia, from the press of Herman Hooker, entitled

Lectures on the Theory and Practice of Physic, delivered in the College of Physicians and Surgeons of the University of the State of New York, by the late David Hosack, M.D. LL.D. F.R.S., Professor, &c. It has been kindly given to the public by the Rev. Dr. Ducachet, the friend and former pupil of Dr. H. Before his death, Dr. Hosack directed that all his papers should be given into the hands of this gentleman, who manifests a notable friendship and regard for the high attainments of the author. Here are forty-nine lectures, as they seem to have been prepared for the numerous classes which his wide-spreading fame drew to the college of New York; but those who had the happiness of a personal acquaintance with Dr. Hosack, will feel the full force of the editor's remark, that "the manner could not be represented. The vivid flashes of his keen eye, his fine, manly, commanding voice, his animation of delivery, rising, as it often did, to enthusiasm, and his graceful, powerful gesticulation—all are gone. No reader can imagine them." These forty-nine finished, interesting dissertations, relate exclusively to fevers and the phlegmasiæ—leaving it to be understood that something else remains, to give a finish and completeness to the series. In a word, there is a direct acknowledgment of the fact expressed in the preface—which, by the way, is a beautiful specimen of respect and gratitude for the memory of a great professional man, who wielded his power for the best good of his fellow creatures; but the appearance of the remainder depends altogether on the encouragement arising from the sale of the present volume.

Having had the work but a few days, we have not read it sufficiently to give a decided opinion upon its value, as a rule of practice, to the practitioner. An opinion will be freely expressed, however, when we have become more conversant with the text. If at any time we speak unfavorably, it will not be because a dead lion can be spurned with impunity; nor from a disposition to underrate the powers of one who was greatly and justly distinguished in the profession of medicine. That lectures delivered ten years ago, on theory and practice, are defective or useless, just because they do not happen to be enveloped in the last French or German tissues, is all imaginary. The fundamental principles—the doctrines—rest on a foundation which no change of circumstances can alter.

But here the book must rest for the present, so far as a notice of it depends upon these pages. Suffice it to say, that we feel a warm partiality for the volume, little as we know of it—and beg the reader to call on Messrs. Crocker & Brewster, Washington street, or Weeks, Jordan & Co., and examine for themselves.

Mr. Combe's Lectures on Phrenology.—With a few interruptions, we have bestowed a thorough attention upon the lectures of this distinguished philosopher, since their commencement in Boston. We feel no half-way sentiments upon the matter, nor are we disposed to suppress what we unflinchingly acknowledge to be true, viz., that he is a profound man, who gains upon the understanding from day to day, by the simple presentations of truth. He must be regarded as an able, nay, an unrivalled teacher of a system which can alone explain the phenomena of mind. Call it phrenology, or discard the name if it calls up unpleasant associations; but it is as certain as the foundations of the everlasting hills, that the doctrines embraced by phrenology are predicated upon facts, a know-

ledge of which is necessary to unfold the web of thought and show the relationship we bear to each other, and the duties and responsibilities each one owes to society and to humanity. Wherever Mr. Combe may visit in our country, for the honor of our national character, if no other consideration were involved, we hope he will be appreciated for his devotion to the cause of human culture and social happiness, everywhere inculcated in his voluminous writings.

Infirmery for Persons laboring under Hernia.—A novel institution has been established in Philadelphia, to be opened on the 3d of December, for the gratuitous application of trusses. Dr. Heber Chase, the inventor of a celebrated and well-known instrument for the radical cure of hernia, is the surgeon, and Dr. Reynell Coates consulting surgeon. There are some curious statistical calculations in relation to the number of people who are suffering from hernia, in the prospectus, which we shall make use of as opportunity presents. It appears that an association exists in London for the distribution of trusses, but the plan devised by Dr. Chase, from the representations of the plan to be pursued, is altogether superior.

Phrenological Journal.—A second number of this periodical, issued at Philadelphia, has appeared, and a creditable production it is. The first article—"Phrenology—its origin and early history, &c."—is a book of remembrance of itself. The analysis of the character of Black Hawk is also worth a careful perusal. This Journal is still anonymous; but, though it is minus the name of a responsible editor, there is no lack of talent or sound manifestations of a desire to dispense philosophical truth. Mr. Fowler, a practical phrenologist, who is successful in gaining the respect and confidence of those who give him a proper opportunity to explain the principles of the doctrine he is professionally teaching, is the Boston agent, of whom the Journal may be procured.

New Tooth Extractor.—Two different patterns of a newly invented tooth extractor have been received here, direct from Edinburgh, which in point of finish are unrivalled. But the principle upon which they operate is decidedly an improvement, and it is desirable to have some of the surgical instrument makers procure the use of them a few days, from Dr. Dewar, to whom they were sent. As this gentleman will start for Cincinnati in a short time, the business should be attended to immediately.

University of New York.—Dr. Gunning S. Bedford has been appointed to the chair of obstetrics in this institution. Thus far, only four chairs, we believe, have been filled—and as a course of lectures is not to be given till a year from the present month of November, it is by no means essential that the corporation should manifest any haste in making up a medical faculty. Since the country abounds with men of the highest qualifications, it will operate against the interests of the university school, in a most disastrous manner, if common-place geniuses are forced into places for which they have neither the talent or learning, to gratify an individual desire to provide for subservient friends. One of the worst features in the system of organization, in some of the colleges, and one

which not only keeps them below literary par, but hampers them with embarrassments of a formidable character, consists in having them managed by a clique of interested individuals, who always contrive to keep all places of profit and honor for a particular sort of obsequious dependents. The object is not, in all cases, as it should be, to draw in the powerful aid of profound intellect.

If the condition of several languishing, uninfluential medical colleges were carefully investigated, it would be found that the secret of their unprofitableness and lack of reputation lies in the narrow-mindedness, selfishness, self-esteem and dogged obstinacy of those who, like the dog in the manger, were lucky enough to get in themselves, but show a positive determination to keep every one out, who might endanger their public character by an exhibition of superior tact or brilliancy. That kissing goes by favor, in respect to some scientific establishments, cannot be denied. The whole history of their operations shows, beyond contradiction, that a liberal, high-minded, generous policy, would increase their funds, elevate a languishing cause, and thus gain the applause and sustaining agency of the community.

Beetles in the Mouth.—A wonderful story of a beetle being removed from the mouth of a man in England, was some time since published in the papers. An authentic report, by the surgeon in attendance, is contained in a late number of the *Lancet*, from which we obtain the following particulars. James Boyears, aged 67, in consequence of an injury to his neck seven years ago, has been partially paralyzed ever since, and during the past winter was compelled to keep his bed. On the 18th of March, complained of pain in his mouth. The left canine tooth of the lower jaw was found denuded to the bottom of its socket (the external lamina of bone forming the socket being deficient); the gums on each side, and below the tooth, up to the lower lip, ulcerated deeply. Lotion calais chlor. was ordered to be constantly applied. On the 26th of April, the ulcer had proceeded slowly, and during the last two days had been very painful, with an extremely fetid odor. The tooth had now fallen out of its socket, which was occupied by what at first appeared to be a brown stump; this was removed with the forceps, and found to be a *dead beetle*. On further search, an ovum was found occupying the situation of the next bicuspid tooth, a stump of which had fallen out, and was lying with another ovum at the bottom of the ulcer. The patient was much relieved till the day of his death, May 9th. Mr. Morley, the surgeon, considers it a case of beetle disease, and analogous to the pickle cases in Ireland and Sweden. These insects only attack those in whom, from very great prostration of strength, there is predisposition to decay.

Medical College of Louisiana.—On the last Monday of November, the annual lecture season will commence in this institution, in the City of New Orleans. The board of faculty remains as it was when last adverted to in the *Journal*. Lectures are to be delivered in the Charity Hospital, and continue four months. The rules and requisites for a degree are precisely the same as in the University of Pennsylvania. From the peculiar location of this school, and its accessibility, there must necessarily be a large gathering of medical students.

Dinner to Dr. James Jackson and Dr. John C. Warren.—The members of the Boston Medical Association, actuated by the highest feelings of personal respect for these eminent men, whose profound attainments in science have justly placed them at the head of the profession, invited them to partake of a public dinner at the Pavilion on Thursday last, Nov. 8th. It was indeed a delightful entertainment, the recollection of which is an epoch in the history of medicine in the City of Boston. An abstract of the proceedings is in preparation.

Wind Contusions.—The editor of the American Medical Intelligencer seems to have become heartily sick of his blustering correspondents, Drs. Purdie and Annau, who have kept up a breeze so long, that a few more papers on the interminable subject of their prolixity would develop a whirlwind. Dr. Dunglison shows his good sense, as well as firmness, in assuring the combatants that on any other subject he shall be pleased to hear from his zealous correspondents.

Beck's Medical Jurisprudence.—A sixth edition of that most admirable and ably written work, by Drs. T. R. and J. B. Beck, is announced at Philadelphia. In the American Traveller, of last week, was the announcement of several new productions, chiefly, if we recollect, by medical gentlemen of Philadelphia. Of course, when they are published, something definite will be known about them.

TO CORRESPONDENTS.—A paper on dental surgery, from Edinburgh; Dr. Painchaud's report of a remarkable uterine tumor, from Quebec; Dr. Morrin's valuable historical paper, from the same city; the continuation of the dietetic review; and the communications of Drs. Hosford and Wright, are in the order of publication. Various books and pamphlets are also received.

Mr. C. W. James, General Agent for Periodicals, of Cincinnati, Ohio, is authorized to receive money due for the Boston Medical and Surgical Journal, and to receipt for the same.

October 31, 1838.

DIED.—At Wayland, Mass., Edward Frost, M.D., a graduate of Harvard University in 1822.—At New York, Dr. A. B. Cooke, U. S. Navy, aged 46.—At Cincinnati, Ohio, Josiah Whitman, M.D., formerly a professor in the Ohio Medical College—a native of Barnstable, Mass.

Whole number of deaths in Boston for the week ending Nov. 10, 37. Males, 22—females, 15.

Of typhous fever, 5—scarlet fever, 6—marasmus, 1—teething, 1—infantile, 2—fits, 1—disease of the brain, 1—child bed, 1—liver complaint, 1—nervous fever, 1—Inflammation of the bowels, 3—lung fever, 3—ascites, 1—ossification of the heart, 1—burn, 2—phthisis, 2—cancer, 1—stillborn, 1.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by	- - - -	DR. BIGELOW.
On Anatomy and Surgery, by	- - - -	DR. REYNOLDS.
On Midwifery and Chemistry, by	- - - -	DR. STORER.
On Physiology and Pathology, by	- - - -	DR. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1833.

Aug 22—ep3m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

TO PHYSICIANS.

A PHYSICIAN residing about 15 miles from Boston, desirous of relinquishing practice, wishes to dispose of his estate. The land, about 14 acres, is well cultivated and stocked with trees, the buildings good, and the practice, having been in possession of the present occupant more than 30 years, a valuable one. With good security, the time of payment may suit the purchaser. Inquire at this office; if by mail, post-paid.

Oct. 17—5t

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield, M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vendued as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 3.

lyreop

LOWE & REED,

21 Merchants Row, Boston.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.

H. I. BOWDITCH, M.D.

J. V. C. SMITH, M.D.

H. G. WILEY, M.D.

July 25—eoptN—emtJy

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. Oct. 25.

LECTURES ON THE DISEASES OF THE EYE.

DR. JOHN JEFFRIES will deliver a course of Lectures on the Anatomy and Diseases of the Eye, at the Massachusetts Eye and Ear Infirmary, to commence the second week in November and continue during the course of medical instruction of Harvard College. The lectures will be illustrated by cases under attendance at the Infirmary.

Boston, October 24, 1838.

C31—3t.

No. 9 Franklin Street.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIX.]

WEDNESDAY, NOVEMBER 21, 1838.

[NO. 16.]

DR. FULLER'S PRIZE DISSERTATION ON SCARLATINA ANGINOSA.

[Concluded from page 235.]

THE following quotation, containing the treatment of scarlatina in different years, for the last half century, is practically important, and therefore we shall make no apology for inserting it here.

“Dr. Sims states (page 417) that in the year 1786 he treated upwards of two hundred patients, and out of that number he lost but two. This treatment was by gentle laxatives, mineral acids, and occasionally a little wine. In the year 1804 scarlet fever broke out at Herriot's Hospital, in Edinburgh, when Dr. Hamilton had fifty of the boys placed under his care, and of these three only died, and those of the secondary symptoms, or dropsy; and so rapid was the watery effusion, that it filled the cellular membrane, and inundated every cavity within thirty-six hours from the attack, and the boys died laboring under symptoms denoting ascites, hydrothorax, and hydrocephalus. In the treatment I employed purgative medicines fully. The effect was favorable; the *fæces* were hard, generally of a black or greenish color, and *fœtid*, and sometimes the color and consistence of clay, and less *fœtid*. In proportion to the evacuation of these *fæces*, relief was perceptible.

“In the year 1820 scarlatina broke out at Alford, in Aberdeenshire; and out of one hundred and sixty cases treated by Dr. Murray, only sixteen died, three of them women, immediately after delivery. This appears to have been a severe form of the disease, and was in the latter stages attended with a swelling of the wrists and hands, and less commonly of the knee joints and other articulations, attended with much pain, and a feeling of a want of power of motion. In the treatment bleeding was but rarely practised. (Page 347.) Purgatives were not omitted, but I was somewhat disappointed in the degree of benefit derived from them. Emetics were frequently employed, but they only gave relief to the throat, obstructed by swelling or mucus, and their effect in this way was generally very great. Latterly, however, they have been exhibited only in very urgent obstructions of the throat, for in a few cases they left distressing and long-continued sickness, and I think I have known them increase the tendency to sensorial derangement. The affections of the head were met by shaving the scalp, blistering the nape of the neck, putting sinapisms to the feet, and warm fomentations to the legs. The affections of the joints were generally very distressing, but were removed by warm fomentations; stimulants

were not used till late, and were generally unsuccessful, though he admits there are cases in which they are admissible.

"In 1832-3 scarlet fever again broke out at Herriot's Hospital, when forty-five of the boys were seized, and placed under the care of Dr. Hamilton and Mr. Wood, and only one of the forty-five died, although nine fell ill of dropsy. The treatment (page 37) of the disease, in its primary form, was extremely simple. In some of the earlier cases emetics of ipecac were administered at the commencement of the complaint; but in the latter cases purgative medicines were used in preference, and repeated almost daily, till the fever had subsided, when they were continued at intervals, more or less short, till the patient was considered perfectly cured. The purgatives employed were compound powders of jalap, jalap and calomel, supertartrate of potash, infusion of senna, epsom salts and compound colocynth pills, varied according to circumstances.

"In 1834 scarlet fever prevailed, also, at the London Foundling Hospital, and upwards of a hundred children were seized with it. Out of this number only three died, and those of the secondary affection, or dropsy. The treatment in this case was principally by mineral acids, small quantities of wine, jellies, and a nourishing, but antiphlogistic diet.

"Such are the results that have been obtained by the practice of bleeding, as well as by abstaining from it, in the cure of scarlet fever; and if we compare them, the results will stand thus:

Of 121 treated at the Foundling Hospital,	- - - -	19 died.
60 " " London Fever Hospital,	- - -	10 "
<hr/>		<hr/>
181 or nearly one in six		29
While of 200 treated by mineral acids and wine,	- -	2 died.
160 " purgatives and emetics,	- -	16 "
50 " " "	- -	1 "
45 " " "	- -	3 "
100 " mineral acids and wine,	- -	3 "
<hr/>		<hr/>
555 or 1 in 22		25

"It seems, therefore, proved, that one in six has died after bleeding, while only one in twenty-two has died after a milder, if not a directly opposite mode of treatment; and the conclusion which inevitably follows is, that the chances of recovery are diminished by the practice of bleeding, in the ratio of nearly four to one, as compared with the chances supposing the patient not to have been bled." (152.)—*Johnson's Review*, Vol. 31, pages 64 and 65.

The following is the course of practice which we have found the most effectual in the treatment of scarlatina; for of the number so treated, about one in a hundred only have died.

In the slightest forms of scarlet fever, very little or no medication is necessary, further than to confine the patient to his room, and to an antiphlogistic regimen, with the occasional use of a cathartic of calomel, or calomel and jalap. The patient, however, should be watched at the

decline of the eruption, and diseased action combated with proper remedies, for rheumatism or dropsy as often follows the mild as the severe forms of the disease.

In the first stage of the highly inflammatory form of scarlatina, during the severe cold chills and nausea, the precursors of high arterial action, an emetic of ipecac may be given, and worked off with a weak infusion of camomile or lukewarm water; after which, if there is a tenderness at the pit of the stomach, five or six leeches may be applied to that region, and powders composed of equal parts of calomel, pulv. antimonialis and camphorated nitre, in the dose of from one to six grains of each, every hour or two, according to the age and the circumstances of the patient, until they act freely upon the bowels, when the interval between the powders may be extended to four hours, and between each dose an effervescing draught of soda powders, or the spirits of *Mindereus*, should be employed. But generally we omit the emetic, especially if the stomach is in an irritable state, and give the compound powders in the beginning of the disease; and if the powders are rejected, the pulv. antimonialis may be left out, and the calomel and nitre continued every hour until they act upon the bowels. But if the bowels remain constipated, notwithstanding the use of the calomel, either croton oil, jalap, an infusion of senna and manna, or epsom salts, should be given to quicken the action of the calomel; and as soon as the bowels are effectually wrought upon, and the stomach become quieted, the antimonialis may be added to the calomel and nitre, and continued through the two first stages, or until the mouth begins to be touched with the calomel, when it must be withdrawn, and the other two powders continued. with the effervescing draught between them, during the continuance of the stage of excitement, when they should also be omitted.

Leeching or cupping at the pit of the stomach will relieve the irritability of that organ sooner than any other remedy, and prevent a violent reaction when the stage of oppression passes off; and where neither leeching nor cupping can be practised, general bleeding may be substituted for it during the cold chills, if the symptoms indicate a violent reaction. General bleeding, however, is usually deferred to the stage of excitement. But a much less quantity of blood taken during the chills will suffice to moderate the reaction, than would control it after it has already taken place, and here "a grain preventive is better than a pound curative." However, the physician is not always called until reaction has taken place; but he can then bleed, unless there are insuperable objections to it by the patient or his friends, in which case the affusion or sponging with cold water, or water and vinegar, may be substituted for it during the stage of excitement only, five or six times a day. From experience we can recommend the application of cold water, as a complete substitute for bleeding, in eight out of ten cases of the inflammatory scarlet fever; and sponging is so much more easily managed than the affusion, that in our practice we have generally preferred it.

During the second stage of the disease, if the throat and contiguous glands are much swelled, leeches should be applied under each ear; and

after they have dropped off and the bleeding has ceased, some one of the cataplasms above mentioned may be applied to the swellings, and renewed every four hours, until the swellings are reduced, when they should be omitted, and volatile liniment substituted for them. In the mean time the ulcers of the throat should be touched twice a day with either a solution of blue vitriol or with nitrate of silver. After sloughing has commenced, a gargle of sixty parts of water to one of creosote will relieve the fetor and dispose the ulcers to heal. A solution of the chloruret of lime may also be used to correct the fetor, or the acetous tincture of capsicum saturated with common salt may be employed for the same purpose, and a lump of nitre may be held in the mouth, and the solution swallowed.

If, notwithstanding the above remedies, the reaction continues violent, bleeding must be repeated, and the excessive action reduced, or fatal lesions of the vital organs are sure to follow. "Blood has been drawn at all periods of the disease, in cases where the state of the lungs and brain required it; and should the operation be performed during the period of eruption, it will disappear if a sufficient quantity of blood be taken. When inflammation of the throat runs very high, I know of no remedy productive of such certain and immediate good effect as general bleeding; but should the patient's strength be already reduced, leeches are to be preferred."—*Mackintosh's Practice of Physic, Vol. I., p. 194.*

In all cases accompanied with violent arterial action, where general bleeding is impracticable, as in the case of infants, leeches should be substituted for the lancet. Leeches should also be preferred in all cases where there is a local determination of blood, whether to the head, throat, lungs, liver or stomach, when the leeches should be applied as near the part affected as possible.

If the febrifuge powders act too freely upon the bowels, or symptoms of ptyalism begin to appear, the calomel should be withdrawn, and the antimonial powders and camphorated nitre continued until the fever abates; but if a looseness still continues, one or two grains of the pulv. Doveri may be added to each powder until the diarrhœa ceases. As soon as the excitement is removed, the cold affusion should be suspended, and the effervescing draughts changed for the spirits of Minde-
rerus, prepared with excess of ammonia. And the fever powders should not be given after collapse commences, for they would then increase debility and often prevent recovery.

In general, if the vitiated secretions are removed by a proper course of cathartics early in the disease, a diarrhœa does not occur towards its close; but if it should come on, it must be moderated by a judicious employment of opiates, absorbents, and occasionally astringents, interposed with a cathartic of rhubarb and calomel from time to time.

The Dover's powders, above mentioned, are among the best remedies for the cure of a diarrhœa, from whatever cause it may originate; for they not only relieve the irritability of the bowels, but determine to the surface, and direct the afflux of fluids from the intestines—but where there is much heat present in the system, the powders should be combined with camphorated nitre.

In the third stage, or stage of collapse, when the rash is passing off, the patient should be narrowly watched, and morbid actions promptly met as they arise, for this is one of the critical periods of the disease, when the patient is in danger of being eventually lost by a little neglect of the attending physician.

When febrile heat has ceased and debility alone remains, the patient may take one or two grains of camphor every hour or two, or the same quantity of the carbonate of ammonia, until the strength is recruited; and at the same time, if the system is very irritable, a small Dover's powder may be given two or three times a day. During the convalescence, if debility is very considerable, the patient may take wine and quinine, but generally an infusion of camomile or quassia, with ten or fifteen drops of elixir vitriol, should be preferred.

The oxygenated muriatic acid, or the nitro-muriatic acid, are preferred by some physicians, and either of them may be substituted for the diluted sulphuric acid.

In the treatment of the congestive form of scarlet fever the patient should be put into a warm bath saturated with the muriate of soda, and frictions with flannel should be applied to the surface of the body at the same time, or any one of the forms of steam bathing may be employed; and if the animal heat is very low, warm wine and water, or warm brandy and water, may be given until the heat is increased and the circulation restored, when a vein should be opened, and the patient bled in a *recumbent posture* until the circulation rises and the oppression is removed, always taking care to feel the pulse at the same time, and to be guided in the quantity taken by the effect which the bleeding has upon the pulse. If the pulse rises as the blood flows, the bleeding should be continued until the oppression is removed; but if the pulse sinks lower and the patient feels a disposition to faint, the bleeding must be immediately stopped, and warm wine or warm brandy sling be liberally given until reaction is excited, when bleeding may again be attempted, and in the mean time the warm stimulants continued, with the warm or steam bathing. If the wine or brandy disagree, other cordial stimulants may be substituted for them, such as capsicum, ammonia, ether, sp. lavender comp. The stimulants should be continued until reaction commences, when they may be withdrawn, and the disease treated according to the rising symptoms.

At the very commencement of the attack, in addition to the bleeding, the patient should take calomel, in the dose of ten or twelve grains every hour, until it acts upon the bowels; but if it does not take effect in the course of six or eight hours, he should take from ten to fifteen grains of jalap with every other dose of the calomel; and if the jalap is rejected from the stomach, one drop of croton oil may be substituted for it, and given with each dose of the calomel, and continued until free purgation is effected. A large stimulating enema, made of an infusion of mint, catnip or pennyroyal, with one large spoonful of salts and a teaspoonful of powdered capsicum, may also be injected every two hours until the rectum is thoroughly emptied. Injections will sooner relieve the irri-

tability of the stomach than almost any other remedy ; but if retching continues, one drop of creosote on sugar will stop it. Such is the torpor of the bowels in these cases, that large doses of cathartic remedies are required before an operation can be obtained.

After the bowels have been properly evacuated, the calomel should be continued in smaller doses, at longer intervals ; and when fever and reaction take place, the calomel may be combined with the febrifuge powders above mentioned ; otherwise the calomel alone should be continued until ptyalism takes place, when the congestions will have been removed, the circulation equalized, and the danger of the disease have passed away.

When reaction does not take place after venesection, Madeira wine, with camphor, carbonate of ammonia, chloric ether, or other diffusible stimulants, should be employed, according to the urgency of the symptoms. We again repeat, that capsicum powder, in the dose of a teaspoonful, in these cases, is one of the best of remedies. The diffusible stimulants may be given according to the urgency of the symptoms, but if organic lesions are present they are generally injurious. Small doses of opium or Dover's powders, combined with the calomel, are often highly beneficial, especially when excessive debility and irritability exist without organic lesion.

The depletive and alterative plan of treatment will often succeed in the congestive form of scarlatina, if it is promptly adopted, and properly pursued afterwards ; but this form is much more apt to prove fatal than any other. In its general appearance it so strongly resembles the late epidemic cholera, that it has been mistaken for it. A genuine case of cholera is a fair specimen of the severest form of congestive fever ; and a congestive fever, from whatever cause, exhibits the same general symptoms, and requires the same general method of treatment.

According to our views of the scarlatina, the above method of treatment, in the highly inflammatory and in the congestive forms, is the most judicious which can be employed ; but between the two extremes of the mild inflammatory and the typhus gravior, or congestive forms, there are so many shades and gradations, from the mildest to the most grave disease, that the treatment must vary according to the symptoms of the disease. Much, therefore, must be left to the judgment of the attending physician.

"Before concluding the subject of scarlet fever, it ought to be noticed that most of the old authors are for, and most of the later against, depletion in the malignant forms ; so various are the records of human opinion, even on matters of vital importance. The theories of medical men are constantly changing, but diseases have always been under the same influences ; as the planets revolve by the same laws, whatever conjectures were formed of them in the lapse of ages. The opinions of men may vary, but the operations of nature are unchangeable."

"In bringing my observations to a close, I must once more repeat, that as the partial application of the active means recommended would not answer in the early stages of the highly malignant scarlet fever, so their use in the last would be inevitably mortal ; and I must, therefore, earnestly

caution those who may hereafter try them, alike to avoid their partial or late employment."—*Armstrong on Scarlet Fever, pages 64 and 67.*

The convalescence in scarlatina is often very tedious, but may be shortened by a judicious use of mineral acids and bitter infusions. An excited and feverish state of the system often accompanies the process of desquamation, and requires the employment of saline and active aperient remedies. And it should be further observed, that after an attack of scarlatina the system is very susceptible of diseased action, and hence very slight colds often renew general or local inflammatory action, one of the results of which is, an inflammatory croup. But according to our observations, this form of croup more often follows the scarlatina *sine eruptione*, than any other form of the scarlet fever, and there is no doubt that it is sometimes caused by the ulcerations of the fauces travelling down the trachea; but the disease is often the consequence of the neglect of calomel and other depleting remedies, in the previous disease. And, therefore, whenever it does occur, it must be treated with bleeding, leeching, blistering, and calomel, in the dose of three or four grains every hour, until it acts upon the bowels, after which it may be given every four hours in diminished doses, combined with pulvis antimonialis and camphorated nitre from the commencement of its employment, and in the interval between the powders a proper quantity of Coxe's hive syrup may be given.

The inflammatory rheumatism is another disease which results from the morbid action which follows the scarlet fever, and is to be treated by one general bleeding, and leeches afterwards if more bleeding is required; also a cathartic of calomel and jalap, repeated according to circumstances, with occasional blisters. But the judicious use of the wine of colchicum, in the dose of from five to twenty drops four times a day, will often prevent the necessity of bleeding more than once. Digitalis, from its power of controlling the circulation, is often very efficacious in the treatment of the rheumatism which follows the scarlet fever.

Another result of the morbid action following the scarlatina, about the twenty-second day from the decline of the eruption, is either an anasarca, ascites, hydrocephalus, hydrothorax, or hydrops pericardii. These dropsical affections are best removed by the use of digitalis and a liberal use of cream of tartar, occasionally interposing a cathartic of calomel and jalap. Colchicum is also often highly beneficial, and sometimes bleeding, and at other times cordials and tonics; but generally digitalis will be found the most efficacious of any single remedy. The best preventives of these secondary diseases are proper depletion in the primary affection, avoiding the use of stimulants and taking cold during the state of convalescence, and taking magnesia and cream of tartar daily, in doses sufficient to keep the bowels moderately loose.

Palliatives and Preventives.—Experience has taught us that premising a dose of calomel and jalap, and confining the patient to a low diet, after exposure to the contagion of scarlatina, will influence this disease, and render it as much milder as a preparation of dieting and physic does the *smallpox*; and therefore when one of the members of a large family is attacked with the scarlet fever, the others are directed

to take the above cathartic, and to confine themselves to a low diet. The result has been, that not one of the family so treated has afterwards had the malignant variety of the disease. Physicians may rest assured, that if the cathartic is seasonably given, and the low diet strictly adhered to, the disease will generally appear in its mildest form, and consequently many valuable lives be preserved.

Precaution should always be taken to keep the sick and the well in different apartments when it can be done; and the sick rooms should be ventilated as much as possible, the floor often sprinkled with vinegar, and the bed clothes and body linen often changed. Under such circumstances, we have found the disease much less apt to spread through the whole family, than when the different members promiscuously mix in the rooms of the sick. Hence, like typhus, the scarlet fever is much more apt to show its contagious nature among the poor, in crowded unventilated apartments, than amongst the wealthy who occupy large airy dwellings.

Dr. Sims found rhubarb, in small doses, a good preventive.

In Germany, Dr. Hahnemann, of Leipsic, has proposed the use of belladonna for the same purpose; and from its power of lessening the irritability of the system, we should judge it to be a valuable preventive of scarlatina.

The following paragraph is from the *Edin. Med. and Surg. Journal*.

“Dr. Berndt, of Custrin, states that out of one hundred and ninety-five cases of children under fourteen, who took the belladonna, and were freely exposed to the contagion, fourteen only were infected: and that when he afterwards used a stronger preparation of that drug, every one escaped: all those exposed in families, who had the scarlatina, and who did not take the medicine, took the disease; whilst those who did, escaped. Other strong testimonies are given in its favor. Koseff, of Berlin, states that if the belladonna be taken in proper doses for eight or nine days before exposure, the persons taking it are safe. The quantities given are very small. Three grains of the extract are dissolved in an ounce of cinnamon water, and of this two or three drops are given to a child under twelve months, and one drop more for every year above that. In general, no effect is produced by it; sometimes, however, it produces an eruption like that of scarlatina. It renders the attack more mild, if it does not prevent the disease, and if taken four or five days before exposure, the disease never proves fatal.”

DR. ALCOTT'S WORK ON VEGETABLE DIET.—No. III.

[Communicated for the *Boston Medical and Surgical Journal*.]

I now come to the evidence which Dr. Alcott adduces in support of his opinions. In the first place, the doctor gives us several letters from different persons in this country, which he intends shall sustain him in his views. These letters he seems to regard as a great triumph. He dwells on them with much self-complacency, and takes every opportunity to

thrust the evidence which they furnish in the face of his opponents. On them he relies to meet objections, to silence cavillers, and to stop the mouths of skeptics. He is astonished that they are all so favorable to the vegetable-diet system, and appears to regard the unbelievers in this system as now nearly annihilated. He dwells particularly on the *medical* testimony which the letters contain touching the sovereign powers of bran bread, and talks as though the whole medical world had now come out its uncompromising advocates. But it will, perhaps, be worth our while to take a look at these letters.

The letters are twenty-three in number. They contain the testimony of fourteen physicians, one dentist, six squires, and two ladies. They are the result, as has already been said, of the joint labors of Dr. Alcott and Dr. North. Dr. Alcott has been laboring at this business "from his very childhood," say thirty years; and Dr. North has labored, at least, several years. They addressed letters to individuals, and published circulars in the medical journals, requesting information confirmatory of their views. The circulars alone (judging from the manner they were published) must have been read by, at least, five thousand persons. I leave the reader to judge whether the number of twenty-three is a very extraordinary proportion, considering the time spent and the pains taken to pick up evidence. What great error is there that ever sought footing in our world, which did not gain more supporters? Suppose the bran-bread system to be a great *humbug*, as it undoubtedly is, is it any more strange that it should find advocates in this land, than the thousand other impostures which are daily palmed off on a credulous people—animal magnetism, Owenism, Matthiasism, Mormonism, Maria Monkism, Fanny Wrightism, &c. &c.? Either of these impostures is (or has been) as well supported, so far as names give support, as the exclusive vegetable diet system of Dr. Alcott and Mr. Graham. Why, then, all this flourish of trumpets on the part of Dr. Alcott, because he has been able to find, after much hard labor, a few half dozens of persons who give some countenance to his errors? Are all the extravagant and absurd fancies of our day to be regarded as truth because they are each duly certified by certain moon-struck gentlemen and ladies?

But what do the much-vaunted letters, which Dr. Alcott publishes, really amount to? I have allowed their number to be twenty-three, but I have not said that two of them are adverse to Dr. A.'s system. One of the writers, Dr. Preston, tried Dr. Alcott's plan of living, and declares he should have died, if he had not changed his course. Another, Dr. Harden, states a case in which alarming debility, swelled legs, cramps, &c., were caused, as he supposed, by a too rigid adherence to the lauded system of Dr. A. I shall not notice the doctor's way of getting over these cases. His arguments, to say the most of them, are nothing better than quibbles. But I am impatient to get at the *medical* testimony contained in these letters, which is deemed of such vast importance in settling this bran-bread controversy. Vegetable diet *as sanctioned by medical men*, says the title page of Dr. Alcott's book. And are the doctor's vagaries really sanctioned by medical men? May he with truth say that he is upheld in his extravagances by the great

body of physicians? With what justice can he assume that *the* profession is on his side?

To give Dr. Alcott a fair chance, I will give the names of the physicians who report favorably in part of his system:—D. S. Wright, Whitehall, N. Y.; H. A. Barrows, Phillips, Me.; C. Bannister, Phelps, N. Y.; L. Terry, Franklin, Vt.; W. H. Webster, Batavia, N. Y.; J. Porter, North Brookfield, Ms.; N. J. Knight, Truro, Ms.; L. Keep, Fair Haven, Ct.; H. H. Brown, West Randolph, Vt.; F. Knox, St. Louis, Mi.; and “a highly respectable physician” without a name. In this list we have not included Dr. Alcott himself, nor Dr. Parinly, a dentist. The latter, indeed, does not seem to be a thorough-going bran-bread man, for he eats butter, eggs, and milk, and approves of fish, fowl and mutton. Dr. Alcott’s real numerical strength, then, may, for the present, be admitted to be *ten* (we cannot, of course, include in this estimate “the highly respectable physician” without a name). These ten the doctor would have us regard as *the* profession. I do not think that they, as individuals, would be much pleased with this rude use of their names. The position which they hold in Dr. A.’s book is certainly not a very enviable one for modest men. I do not doubt that they are all high-minded and respectable physicians, but I venture nothing in saying that, as a body, they are unknown to the profession. As for myself, I do not recollect to have heard of one of them, with the exception of a single individual—a very worthy and respectable man—until I saw their names paraded in the volume before me. Certain it is, they cannot claim the right (they would doubtless shrink at the thought) of speaking for their professional brethren. They seem to have been generally young men, honest in their intentions, but without much experience or practice. At any rate, they give no cases to illustrate their views. There is not a fully detailed case to be found in all their letters—a case so stated that a reader could form an independent opinion concerning the alleged effects of an exclusive vegetable diet on the health. Several cases (seven in the whole) are alluded to, it is true, but they are little more than alluded to. No particulars are given. How shall we account for this want of facts to illustrate the principles maintained? Does not this want show that bran-bread doctors form their opinions hastily, and without a very large share of observation and experience? One of Dr. A.’s correspondents above named says, rather unwittingly, that he has had no cases of “phthisis, scrofula and dyspepsia” to treat, and therefore cannot tell the effects of a vegetable diet on such.

But there is a very grave objection to the medical testimony which Dr. Alcott offers, which has not yet been noticed. His witnesses, in nearly every instance, seem to have been broken-down dyspeptics, or invalids of some description or other. They testify concerning means which they have used in their own diseases, and every one knows what miserable doctors physicians are when they come to practise on themselves. They are a little more likely to be whimsical, to form extravagant opinions, and to judge wildly, concerning themselves, when they are sick, than any other class of people. They are always thinking of

their own complaints, watching the operation of the organs, feeling the pulse, looking at the tongue, and examining anxiously whatever they eat or drink or wear. I have known several physicians, dyspeptics, who have worked themselves into a perfect frenzy by fixing their minds too intently on their own complaints. They have, in fact, become monomaniacs on the subject of their own health. The opinion of such persons concerning themselves is, of course, worth nothing. They mistake entirely the nature of their own diseases, and of the means best calculated to relieve them. Their opinions regarding the beneficial or injurious operation of remedies are the result of impulse and feeling, and are as likely to be wrong as right. Though I presume Dr. A.'s correspondents are not, as a body, as desperately off as some physicians I have known, their letters, I think, give evidence that some of them are beside themselves—that the health has operated injuriously on the mind, as well as the mind on the health. At any rate, I am not disposed to regard their testimony of much worth, coming in the way it does, and unsupported, as it is, by observation and experience beyond one's self. Besides, the dispute between Dr. A. and myself is not whether an exclusive vegetable diet may not be proper for the sick, such as Dr. A.'s witnesses seem to have been; but whether such a diet ought to be adopted by all, sick and well, the sedentary and active, the studious and laborious. Though the doctor's correspondents were really benefited and cured by a meagre vegetable diet, that fact does not prove that others who are well enough would be made better by adopting his bran-bread and dried-apple system of living—the real question at issue. He seems to think that whenever a man testifies to the importance of a spare diet in curing certain diseases, he has so much evidence in favor of his starvation plan for all mankind. Thus he is perpetually losing sight of the real matter in dispute, or confounding it with others which have no connection with it. Some of his authorities, whose names I have given, evidently design that their remarks shall apply to those that are sick, and not to such as are well. Dr. Knox thinks a "vegetable diet of the utmost consequence in most diseases," but says not a word about starving those that have no disease. This opinion of Dr. Knox is not new. Most will approve of it with, perhaps, a little modification of the language in which it is expressed. It did not require to be blazoned abroad in a book made for the purpose. As for the most objectionable part of Dr. A.'s system—the confining of laboring people to the pap of invalids, or to a scanty diet of vegetables and fruits, under the expectation of making them healthier, stronger and longer lived—not one of his medical authorities seems to approve it. Several of them, indeed, express an opinion directly adverse to it. Several others, as I have already said, breathe not a thought which could bear us out in applying their remarks to others than invalids. Though their ideas are, in general, sufficiently erroneous, when applied to the sick universally, yet I rejoice that they cannot be charged with going all lengths with Dr. Alcott in his very foolish and impracticable plan of making the world a great hospital of incurables. But my sheet is full. I will endeavor to finish what I have to say, next week.

RHUS RADICANS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In addition to Dr. Toothaker's article contained in the Journal of October 24, on *Rhus radicans*, I would say, as a caution to those disposed to chew the leaves of this plant as a prophylactic, that the result will be what common sense would dictate, viz., an intense inflammation and vesicular eruption of the mucous membrane, so far as the acrid juices of the plant are applied. I learned this in childhood, by sad experience, having repeatedly heard it recommended as a perfect safeguard to subsequent exposure; but in my case the theory was proved to be false, as in no way did it overcome my susceptibilities.

Persons obnoxious to this poison, after a day of great exposure, can in most cases ensure to themselves impunity from its effects, by a thorough bathing at evening in a sat. sol. of muriate of soda; and those not obnoxious to its external application, may generally chew it with the greatest impunity. Hence the physician who should render only a tacit assent for a trial of the leaves of this plant as a prophylactic, would be quite likely soon to involve himself in a serious dilemma; he had far better recommend to his patients to avoid exposure.

Orford, N. H., Oct. 30, 1838.

WILLARD HOSFORD.

ASTER NOVANGLIA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the 11th No. of the present Vol. of your Journal, I observed a communication from your friend, Dr. Partridge, respecting the *Aster Novanglia*, and its medicinal qualities, in which he says, "it is probably described in some Botany, but not in Eaton's." I think the Dr. must be a little mistaken, for he may find it well described in Eaton's 6th edition, page 39th, in his arrangement of the species. I was much delighted to hear so enlightened a physician as Dr. P. speak in favor of this useful but neglected plant, which in the hands of herbalists has been beneficially used in many cutaneous diseases, and which in the hands of enlightened and scientific physicians would become a valuable adjunct to the medical botany of our country.

Dr. P. may also find a notice of this plant in the "Medical Flora, or Manual of Medical Botany of the United States of N. America, by C. S. Rafinesque, Vol. 2nd, p. 198, where it is said to be used in decoction, both externally and internally, in many diseases of the skin, and that it removes the poisonous state of the skin caused by *Rhus* or Sumac.

WM. TRIPURE.

Shaker Village, N. H., Nov. 7, 1838.

A new edition of Dunglison's Medical Dictionary, in one volume, is in press in Philadelphia. A new edition of Forbes's translation of Laennec on diseases of the chest, by Dr. Fisher, of Boston, is also nearly ready.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, NOVEMBER 21, 1838.

FUNCTIONS OF THE CEREBELLUM.

A WORK is on sale at Marsh, Capen & Lyon's, with this title—" *On the Functions of the Cerebellum*, by Drs. Gall, Vimont, and Broussais; translated from the French, by George Combe : also, *Answers to Objections urged against Phrenology* by Drs. Roget, Rudolphi, Prichard and Tiedemann, by George Combe and Dr. Andrew Combe." It was published quite recently in Edinburgh, a few copies only having reached this country. No man at all conversant with the commonly received physiological opinions of the day, can read this book without being struck with the importance of the discovery which is laid open. By the mere arrangement of cases, there is a display of irresistible evidences, which show that we have all been groping in the dark after truths which nature has always displayed in the clear light of day. The discoveries of Gall in relation to the functions of the cerebellum, had he done nothing else, would have been in themselves sufficient claims to all the distinction which has been grudgingly meted out to his memory in nearly all the old countries of Europe, and in America. A thinking, reflecting practitioner of medicine, after studying this very able and certainly original display of profound investigation, could not in conscience any longer continue that misapplication of remedies to organs, the derangements of which, instead of being local, depend entirely on a diseased condition of some particular part of the encephalon. To the mere general reader the work would afford extraordinary interest, though properly fitted to the meridian and capacities of professed anatomists and physiologists. Dr. Gall's petition and remonstrance against an order issued by Francis the first, Emperor of Germany, for prohibiting him from delivering lectures on the functions of the brain, without special permission, is a masterly performance, and worthy of the genius of the great but abused philosopher who wrote it. This closes the book, and here, too, we are obliged to leave it, not, however, without urging it upon all our readers.

The Remains of Dr. Physick.—Dr. P. left a paper directing the disposition of his body after death, as follows :—a dissection was absolutely prohibited ; no one was to touch him but two females, who had been his domestics for the last twenty years. He was not to be taken from his bed for some time, but to be wrapt up in it warmly ; the room was to be kept well warmed till putrefaction had commenced. He was then to be covered with flannel and placed in a wooden coffin, painted outside, with a mattress in the bottom ; and this coffin was to be placed within a leaden one, and soldered up closely. A public notice was to be given of the period of his interment, but no invitations issued. It happened that the warmth of his chamber, says Dr. Bell's Journal, acting upon remains predisposed by disease to a ready putrefaction, soon brought about that evidence of death, and he was accordingly enclosed as he wished, in

addition to which, there was another coffin covered with black. Among the other peculiar arrangements, attending his death, was a rigid watch being kept for six weeks, during the night, over the place of his interment, and which was said to be according to his directions, to prevent the body from being disturbed.

With strong sentiments of piety, says the necrological notice, he was constantly in a state of anxious vacillation in regard to the Christian faith. Impelled to it on one side by a sense of his helplessness ; of the necessity of a support more than the world could give ; by a feeling of respect for a system so universally diffused, advocated and adopted by men of the greatest virtue and intelligence : on the other side, he was repelled from it by the invincible principles of his own mind. It was an incomprehensible code to him, and so it continued to the last. "In former years, I have heard him say, when ruminating on the subject—'Death, what can it be ; with all our inquiry, it is at last a fearful step in the dark.'"

Louisiana Medical College.—We understand that Dr. J. B. S. Jackson, of this city, has recently been offered the chair of anatomy, in this flourishing institution. If the college had been fortunate in securing the services of this gentleman, it would have had an able teacher and an excellent, talented, worthy man. We congratulate the profession in this city that they are not to be deprived of the services of so well-trained—indeed we may say eminent—a pathologist, and trust we may soon be able to make the announcement that the services he can so well render are to be permanently secured to us.

Enlargement of the Mammæ.—A stout muscular man, aged 60, in England, has recently presented the phenomena of enlarged, pendulous mammæ, accompanied with a wasting of the testes. The circumference of the mammæ at the base is fifteen inches ; length, vertically, $6\frac{1}{2}$; length, transversely, 8 ; the nipple faintly colored, with an areola of about one inch breadth. There is no appearance of milk. The right testicle has almost entirely disappeared, and the left about half the natural size. The cause is supposed to be a fall in 1835. In attempting to leap a trench, he struck his chest against the opposite side, which precipitated him to the bottom, a distance of ten feet, and caused a blow upon his loins, and another upon his neck, on the second dorsal vertebra. In this state he remained insensible for five hours. Three days after, he felt acute pain in the mammæ, which became red, and began gradually to increase. About five weeks after the fall severe pains were felt darting from the lumbar region in the direction of the spermatic cord to the testes, which were very painful. His voice soon altered, becoming more feminine, and he believes a change took place in the back of his head, the horizontal circumference of which is 23 inches. The changes in the mammæ and testes have been gradually progressing to the present time. Previous to the accident he possessed perfect virility, and had from boyhood been extravagantly devoted to the female sex ; but afterwards he lost all power of sexual intercourse, and this impotence still continues.

The Black Color of a Hernia of the Iris, explained.—The black color of a recent hernia or prolapsus of the iris, may be referred to the con-

tact of the pigmentum nigrum to the point of the adhesion with the cornea. The herniæ imbedded in cicatrices of the cornea, after firm union has taken place, are likewise black. This obtains in both cases, whatever may be the color of the iris. The resemblance which an incipient hernia bears to the head of the house-fly, has obtained for it the name of myocephalon.

Indigo in Epilepsy.—Dr. Roth, of Mayence, has published a paper on the employment of indigo in spasmodic affections, especially epilepsy. It is given in the shape of an electuary made with syrup and water two parts, indigo one part; of this mixture an ounce is a fair dose. In the form of powder it is apt to create irritation and spasm of the fauces. A tendency to diarrhœa sometimes follows its employment, and must be checked by astringents. Nausea and vomiting are produced by a large dose. It was beneficial in many cases.—*London Lancet*.

Digitalis.—M. Labelonge having made numerous experiments on digitalis, is of opinion that the medicinal principle of this plant has not yet been obtained in a separate state; that water takes up only a few of the principles, while alcohol takes up only certain other ones; hence digitalis should be treated with water and alcohol together, or with alcohol at twenty-two degrees, in order to produce an hydro-alcoholic extract, containing the volatile oil, resins, salts, bitter extractive principle, &c., of the plant.—*Journal de Chimie*.

DIED,—In Montgomery Co., Texas, Dr. Daniel Quimby, of Sandwich, N. H. —At Paris, Dr. Alexander Thomson, son of Prof. A. T. Thomson, of University College, London.

Whole number of deaths in Boston for the week ending Nov. 17, 31. Males, 15—females, 16.

Of consumption, 3—delirium tremens, 1—hooping cough, 1—croup, 3—inflammation of the lungs, 1—typhous fever, 3—old age, 2—convulsions, 1—influenza, 1—inflammation of the bowels, 2—lung fever, 1—dropsy, 1—suicide, 1—burn, 1—scarlet fever, 1—infantile, 2—dropsy on the brain, 1—fits, 1—scirrhus of the liver, 1—stillborn, 2.

DR. JACKSON'S REPORT.

A REPORT on the cases of Typhoid Fever, which occurred in the Massachusetts General Hospital from the opening of that institution in September, 1821, to the end of 1835. By James Jackson, M.D., late Attending Physician in that hospital. Highly recommended in the American Journal of Medical Sciences, and in Dunglison's Medical Library. Published by
Nov 21—3t

WHIPPLE & DANRELL, No. 9 Cornhill.

FOR SALE,

WITHIN thirty miles of Boston, an estate now occupied by a physician, who is about to leave the place. It will be sold at cost, which is between 2500 and 3000 dollars. The practice is a valuable one, as can be satisfactorily shown to any applicant. For name and place, inquire at this office; if by mail, post paid.
Nov 21—3t

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by	- - -	DR. BIGELOW.
On Anatomy and Surgery, by	- - -	DR. REYNOLDS.
On Midwifery and Chemistry, by	- - -	DR. STORER.
On Physiology and Pathology, by	- - -	DR. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1838.

Aug 22—ep3m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

ALBANY MEDICAL COLLEGE.

THE public course of lectures in this Institution will commence on WEDNESDAY, the 2d of January, 1839, and continue sixteen weeks. The new and extensive College edifice, which has been completed during the past summer, is situated in a central position, and in architectural character, dimensions, and internal arrangement, is admirably adapted to the purposes of medical instruction. The museum of the Institution occupies a room fifty feet square, two stories high, with a gallery, and glass cases above and below. It is furnished with an extensive and choice collection of specimens in healthy and morbid anatomy, together with casts, models, plates, and magnified drawings in great variety, and every kind of preparation necessary to illustrate the departments of Anatomy and Physiology, Surgery and Obstetrics. The other departments are provided with ample means for illustration, and with all the apparatus and materials necessary to render the courses full, practical and complete. The Anatomical Theatre, which will be appropriated to all the demonstrative branches, is fifty feet square, with seats for 400 persons, arranged in a circular manner around the area for the lecturer, which is lighted by a large dome and sky-light immediately above it. The dissecting rooms, which are spacious and convenient, will be kept open during the term, under the immediate charge of the Professor of Anatomy, by whom every facility will be provided for the cultivation of practical anatomy and operative surgery.

The Chemical Laboratory and other apartments are large and commodious, and well adapted to the purposes for which they are designed. The course in Chemistry and Natural History will be illustrated by extensive and richly furnished collections in Mineralogy, Geology and Botany, and to some extent in Comparative Anatomy. In Materia Medica and Medical Jurisprudence, as well as in the other departments, it is designed to exhibit as many facts and illustrations as possible, and to render every subject, so far as is practicable, a demonstrative one.

There will be clinical instruction in Surgery and Practice every Saturday during the term, at the hospital connected with the Almshouse, where there will be opportunities of witnessing a great variety of cases and surgical operations. All operations on the poor will be performed gratuitously (if in the presence of the class) during the term.

Degrees will be conferred at the close of the term, and all the powers and privileges conferred by other medical institutions of the State, will be secured to the graduate. The requirements of candidates for graduation are the same as at other institutions.

The lectures in the different departments will be delivered as follows:

Principles and Practice of Surgery, by	- - - - -	ALDEN MARCH, M.D.
Theory and Practice of Medicine, by	- - - - -	DAVID M. REESE, M.D.
Chemistry and Natural History, by	- - - - -	EBENEZER EMMONS, M.D.
Anatomy and Physiology, by	- - - - -	JAMES H. ARMSBY, M.D.
Obstetrics and Diseases of Women and Children, by	- - - - -	HENRY GREENE, M.D.
Materia Medica and Pharmacy, by	- - - - -	DAVID M. McLAHLAN, M.D.
Medical Jurisprudence, by	- - - - -	AMOS DEAN, Esq.

The price of tickets to all the lectures is \$65. Graduation fee, \$20. Matriculation fee, \$5. Dissecting fee, \$5. Graduates, licentiates, regular practitioners, and students who have attended two full courses of lectures at any incorporated institution, are required to pay only the matriculation fee.

The price of boarding and lodging varies from \$2.50 to \$3.00 per week.

Albany, 1838.

C31*

J. H. ARMSBY, *Dean of the Faculty.*

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct 31—ept

LECTURES ON THE DISEASES OF THE EYE.

DR. JOHN JEFFRIES will deliver a course of Lectures on the Anatomy and Diseases of the Eye, at the Massachusetts Eye and Ear Infirmary, to commence the second week in November and continue during the course of medical instruction of Harvard College. The lectures will be illustrated by cases under attendance at the Infirmary.

Boston, October 24, 1838.

C31—3t.

No. 9 Franklin Street.

TO PHYSICIANS.

A PHYSICIAN residing about 15 miles from Boston, desirous of relinquishing practice, wishes to dispose of his estate. The land, about 14 acres, is well cultivated and stocked with trees, the buildings good, and the practice, having been in possession of the present occupant more than 30 years, a valuable one. With good security, the time of payment may suit the purchaser. Inquire at this office; if by mail, post-paid.

Oct. 17—5t

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 131 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIX.]

WEDNESDAY, NOVEMBER 28, 1833.

[NO. 17.]

DENTAL SURGERY.

THE subjoined letter, from Mr. Robert Nasmyth, dentist, of Edinburgh, is in answer to one written to him some time since by Henry A. Dewar, M.D., of Boston, relating to the practice of dentistry in this country, and more especially to the important branch of filling teeth, in which many decided improvements have been made, and which are as yet but little known, either in this country or in Europe, for *reasons* which American dentists can best give. It is to Dr. Hudson, of Philadelphia, that the world has been chiefly indebted for the high stand which dentistry has taken, and he seemed to be the first who threw off the trammels of *old systems*, and showed that it was possible to retain the teeth nature had given, in most instances, instead of trusting to art to replace them.

Edinburgh, August 5, 1838.

MY DEAR SIR,—I should have replied to your interesting letter long ere this, but in doing so I was anxious to execute your commission in regard to instruments, and in a satisfactory manner, which I have found considerable difficulty in doing, from not knowing what would really be new and useful to you; and I fear I may not yet have exactly fulfilled your wishes. But whatever else I can send you from here, if you can only point it out, I shall have great pleasure in forwarding to you.

The method of stopping which you have described is certainly good, and, indeed, if teeth are always stopped in the way the one is which you sent as a specimen, it signifies little by what means it is done.*

The course I generally follow is, when the hole is of a moderate size, first to open it up with a broach, and go on enlarging the hole by a succession of them till it is of such a size as will admit some of the scraping instruments to get in to cut away all the caries; and it is generally best, when it can be made equally wide at top and bottom. I then dry the cavity, and take means to keep it dry by putting a bit of lint into it while I prepare the gold; then, when I begin to place in the gold, I probably wipe the tooth and neighborhood with a dry napkin, sometimes making the patient keep the cheek or tongue out of the way with a bent spatula covered with a bit of rag. The gold I prefer

* The tooth sent as a specimen was filled, at the request of Dr. Dewar, by a gentleman in this city, who pursues the method alluded to, and no more care was taken than is generally required in adhering to Hudson's rules, as he put them in practice.

is the large size, of which I send you some. Of this I tear a strip of about an inch broad, put it together like a loose rope, and when the hole is very large, make a sort of ball at one end, which I first put into the hole and press in as much more as fills it completely, always taking care that there is a quantity left at the mouth of the hole more than is necessary to fill it. It ought then to be all gone over with a pointed instrument, to make sure that the whole is solid. If any hollow part should be detected, a separate piece, of smaller size, may be put in, if there be not gold enough at the mouth of the hole to fill this with; and I consider it rather an advantage that this be incorporated with the superabundant part, before the whole be laid down for burnishing. I have had opportunities of seeing teeth treated in this way, remaining firm and solid for twenty years. The chief advantage of the gold being in one continuous piece, is, that when you have got a beginning made, your left hand is at liberty to assist in keeping the tooth clear or in steadying the jaw. I send you along with this some of the instruments I use in stopping, but I fear very needlessly, as from your sketch I imagine you have got equally good already. Those with the rest for the finger I have found very useful for the under jaw, and I send you two pair of forceps, which I found very useful in stopping holes in the side of the teeth, which you know often take place on the outside of the large molares of the under jaw. I use one of the ordinary instruments in filling it nearly full, and then use the forceps to compress what is in, and by that means get it made very solid, and space generally made to hold as much more. Modifications of them might be made, of forms very convenient to assist in stopping the incisors and the sides of the bicuspsids.

There is a sort of stopping which, from your not noticing, I presume you are not aware of, which is very useful in cases where there is too much tenderness to admit of being treated with gold or tin. It is the amalgam of silver, which is formed by rubbing, in a small mortar, powdered silver and mercury. You obtain silver in powder by dissolving the silver in nitric acid, and precipitating with copper, washing it thoroughly, first with a little sulphuric acid, and immediately with boiling water, which should be decanted off, and more water poured on as the silver settles, and drying; then taking a little as you require it, rubbing it with as much mercury as forms it into a sort of convenient paste; then when you are going to put it into a tooth, you take silver in the state of filings, and mix it with as much as may be necessary to fill the hole, squeeze the mass in your fingers, to get rid of any superfluous mercury, and put it into the tooth previously dried. In the course of twenty-four hours it acquires a considerable degree of hardness, and eventually becomes very hard. It is of course very liable to oxidation, and is therefore only applicable to the back teeth, or where a little discoloration is of no consequence. I should mention that the filings require to be intimately mixed with the amalgam, and this is best done on a piece of shamoy leather, with an ivory or wooden spatula. After the hole is filled and the metal levelled with the finger, it renders the upper part harder to take up a little of the silver filings,

as much as will stick to the finger, and rub it into the amalgam, and then polish the whole with the burnisher. A person of the name of John Clark, who was some years ago a teacher in the academy at Inverness, has made, they say, a large fortune, in London, with this substance. He does nothing but stop teeth, and he has a brother who does nothing but make teeth, and he has as much as he can do. The amalgam is very often employed when the tooth should come out, and a deep-seated gum-bile sometimes occurs long after the metal is put in. Clark, I believe, never extracts teeth; but when there is much tenderness, puts in a bit of cotton dipped in a spirituous solution of mastic, or in white hard spirit varnish, which is decomposed on coming in contact with the saliva, and the resinous matter remaining among the cotton gives it a degree of consistency that will keep it in the tooth for a month or more, when the tooth will frequently come to bear having the amalgam put in. It is amazing how much the teeth, in some cases, will bear of this sort of treatment; but I think the best practice is, where the nerve has been exposed, to extract—otherwise, sooner or later, we are almost sure of having trouble.

The use of wood, for pivots, is by no means general here. I have been in the habit of using it in some cases, but where there is a chance of much pressure from the under teeth, I should be afraid to trust to it. There is a difficulty in the hole of the tooth and that in the root not being in the same direction; the gold enables one to overcome this by bending, but the wood will not bend. The compression of it by drawing it through the plate is a very great improvement, and gives a great advantage for some cases. Though one takes every care, in fitting in a pivoted tooth, to get it free of the unders, an accident will sometimes happen by the pivot breaking off within the hole in the root, which is a very embarrassing affair, and bothered me very much at first; but I send you some instruments, which make it now a very simple matter, the application of which you will see at once. The small trephines are for working round the broken pivot, which you do till you disengage the silk which is put round it, and sometimes reduce the pivot itself a little, till you can get the points of the hollow pliers introduced, when the broken fragment is easily removed, and no injury done to the root. I presume you always make your pivots cylindrical, not tapered; if you have not been accustomed to the cylindrical, you will find it a very great improvement. It is probable you have an excellent method of taking the model for pivoted teeth; but as I am not aware that others follow the same plan as I do, I may mention it. When the root is brought to the level of the gum, and the hole in it properly formed, I take a bit of soft tin wire (which is very easily made), of a size to go into the hole easily, and sufficiently long to project out of the hole, give this a little bend and a squeeze to make it flat and rough, then apply the wax, and on withdrawing it the pin comes along with it, giving the width, depth and direction of the hole, so that the tooth with its pivot can be made all ready before the patient returns, and more accurately than by the more usual methods. I think

this method particularly useful when wood is used. Would you have the kindness to send me some of the wood you use for pivots.

I was very much obliged to your kindness in sending me your specimens of mineral teeth; the manufacture of them has engaged much of my attention for a long time. There is a point in yours which I admire very much; that is the shade given to them. The form is admirably preserved, and the making the color stronger at the root, and shading it off at the point, is admirable. Can you give me any hint of how this shading is managed? A person by the name of Ash, in London, has brought out a very excellent kind lately, and as you may not have seen any of his, I send you a few samples. This man is excellent in providing all the tools and materials required in our way, and also makes up a great deal of work for the London dentists. They have great advantages in carrying on business; a man may there have an excellent business without any stock of materials, and without an assistant in his house. You will observe that the mode of fixing Ash's teeth is different from what you do with yours, and also from those made on the French plan. A great peculiarity in his, also, is that the metal for attaching them is gold, which in any others that I have seen or tried would have melted before the materials would have been fixed. In my trials I have been obliged hitherto to use platinum, which answers well on the whole, but the solder used in attaching it to the pin or pivot does not run so well on it as on the gold.

I send you a few specimens of mineral teeth of my own manufacture; but I am by no means satisfied with them. It is, however, very difficult for me to get the experiments necessary to complete them carried on; my practice is such as to employ my time most completely.

I am sorry the cutler has not made several of the instruments exactly to my mind; in fact, many of the smaller instruments we never get nicely done by the cutler, and are, therefore, obliged to get them made up ourselves, and I regret that I have not been able to set on one of my own hands to do them for you. But we have been so much occupied I could not spare him. In making the smaller instruments we find cobblers' pegging awls most useful. The steel is always better than the cutlers'; they generally destroy the steel by overheating, in forging or in tempering.

I send you a few of the files we use; they are made by Peter Stubbs, at Warrington, between Liverpool and Manchester. If you should require any, he will supply you well. You will, I think, find the pattern of the pliers and cutting pliers very useful—the latter, particularly, in cutting off the ends of screws, in fixing natural teeth to sockets, and for various other purposes.

I have sent you, also, a three square, by one Raoule, of Paris. His files are very excellent, exceedingly hard and tough; he makes a variety of dentists' files, but it is not always easy to get them from him.

I have sent a small tooth key, such as I use when I have occasion to go out (which, by the by, I never do if I can help it); it is short, but answers all the purposes of the longer kind. Perhaps you use such a one; if not, I may mention that the advantages of this are, the power

of regulating the claw with the finger or thumb, so as to keep it steady on the tooth. You can also slip the claw readily, and you may, for the extraction of the *dentes sapientiæ*, throw the claw before the *fulcrum* and fix it by the neck, which you will find at the end of the stem. As with you, however, the forceps are what we generally use, and the lever, which is a most invaluable tool to us. Believe me, very sincerely yours,
ROBERT NASMYTH.

A REMARKABLE UTERINE TUMOR.

BY JOS. PAINCHAUD, M.D., OF QUEBEC.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. B., aged 55, of a sanguineous temperament, had been twice married. Fifteen months after the first marriage she gave birth to a living female child, and lived with her first husband eleven years without any other uterine gestation, or any alteration in her catamenial discharges.

Having become a widow at the age of 38, she married again, enjoyed good health, and a few months after this second marriage all the indications of impregnation manifested themselves; and upon consulting her attending physician, no doubt remained of her pregnancy. At the ninth month symptoms of approaching labor induced her to send for her medical attendant, who upon visiting her did not hesitate to pronounce her to be in labor, and for several days in vain waited for an augmentation of pains, with the consequence, dilatation of the os uteri. No disposition to this change manifesting itself, and the other indications gradually disappearing, she was left under the impression that not more than a few days would elapse without the recurrence of more effectual labor pains; instead of which, for nine months she enjoyed her ordinary health, retaining, however, her corpulency. At this period, and at two ensuing periods of nine months each, the same symptoms presented themselves, with a similar result, with the exception of considerable flooding at the two last false attacks of labor. Since then, up to this time, a space of about seventeen years, every three or four months she became subject to less or more severe attacks of hæmorrhage from the uterus. With this exception, however, her health was good, and enabled her to attend to her family duties.

On the 22d of September, 1833, so severe an attack of hæmorrhage came on, as was fatal to her on the 26th following. On the next day, Dr. Painchaud, whose patient she had been, having sent a general invitation to his medical friends of the place, to be present at the examination of the body, the following gentlemen attended, viz., Drs. Couillard, Morrin, Blanchet, Rowley, Douglass, Snell, Neault, Robitaille and Trémont, with several students. Dr. Trémont having been requested, by Dr. Painchaud, to examine the body, he did so, and gave the following account.

The abdominal tumor being unusually large, both from the great obesity of the body and the contents of the abdomen, it was measured, and found to be forty-five inches from one crista ilii to the other, and

thirty-one inches from the scrobiculus cordis to the pubis. There was perceived distinctly through the abdominal parietes, besides the large uterine tumor, a smaller one on its superior aspect, of about the size of a man's fist. On dissecting the parietes of the abdomen, an enormous quantity of adipose matter was found throughout the cellular substance. A ventral hernia, three inches below the umbilicus, was discovered, filled by a portion of omentum, also loaded with fat, and which was irreducible, without an opening being made within the edge of the rupture. The omentum having been turned up, the tumor was found to be uterine. On the external surface of the uterus, were seen, through its thin serous covering, many very large and empty veins, which upon removal of the uterus, were found to extend to the situation of the os tincæ; and from which, most probably, flowed the blood which finally proved fatal. The appendages of the uterus were in no manner unhealthy. After dissecting the uterus from its connections, an incision was made across the upper part of the vagina, and the uterine tumor and appendages were removed. The mass weighed fifteen pounds, and measured, in its smallest circumference, twenty-five inches, and thirty-two inches in its largest, was extremely firm, and of an oval form. Towards the fundus were three distinct tumors, one of which corresponded to that remarked through the abdominal parietes; the others were smaller, and more posteriorly situated, but all contained within the uterine cavity. The most minute external examination could not detect the least vestige of the os tincæ. The uterine walls were then laid open longitudinally, and the contents found to be closely adherent and organized with them. Some dissection laterally proved them to be not above the twelfth of an inch in thickness, except in the situation of the os tincæ, where they were much more attenuated, but no distinct opening could be discovered. In consequence of the contents of the uterus being so closely adherent to its substance, the external incision was continued perpendicularly through the mass, so as to divide it into two halves. The substance within was, generally, of nearly cartilaginous hardness, and of a yellowish color. A number of small bones, of various size and forms, were found imbedded in the solid mass of the tumor; none of these, however, approached to the shape of any of the bones of the human skeleton, though in their intimate structure and composition they were essentially osseous. At about one third downwards from the fundus, and about an inch from the surface, a cavity was found containing several ounces of a tarry substance, in every respect resembling meconium. Immediately above this, was the situation of the distinct elevation already noticed. It was found to be principally osseous, and to be immediately covered by the uterine parietes, to which it was also very closely adherent. Its shape and size somewhat resembled a fœtal head, of about six months growth. By means of a saw it was divided longitudinally, and was found to be a bony case, composed of many portions, covering a semi-cartilaginous substance, not unlike that which formed the principal bulk of the tumor. The two other distinct elevations were also examined, and found to resemble the body of the tumor.

Quebec, October, 1838.

It was the opinion of each of the medical gentlemen attending at this post-mortem examination, that the contents of the uterus were the relics of impregnation, or the *débris* of once organized substance, having the form and disposition to be a fœtus.

DR. ALCOTT'S WORK ON VEGETABLE DIET.—No. IV.

[Communicated for the Boston Medical and Surgical Journal.]

IN my last communication, I considered, at some length, the testimony of Dr. Alcott's correspondents. I showed, or endeavored to show, that the evidence was partial and imperfect, and much of it irrelevant to the matter in dispute—that it did not warrant any reasonable person in taking the position which Dr. Alcott chooses to occupy; and, particularly, that it did not bear out any man in fixing the stigma of holding the doctor's opinions on the medical profession. I did not examine so critically the testimony of the six squires and two ladies who appear among the doctor's witnesses, because I did not think their evidence of sufficient importance to require special notice. It differs not, so far as I can see, from the extra-professional evidence which is daily brought forward to attest the marvellous cures of such arrant impostors as B. Brandreth and John Williams.

Dr. Alcott closes that part of his book which is devoted to the letters of his correspondents, with "additional statements" concerning his own case. The doctor's story is certainly an amusing one, and, perhaps, it is not wonderful that he is fond of telling it. As for myself, I am willing to hear it, even for the third time. I should be glad to give it for the reader's edification, and in the author's own words, but my limits will not permit. It shows pretty clearly, I think, that the doctor is an enthusiast, and has had his head turned by too much thinking of his own dreams. I honestly believe that he has confounded fancy and fact somewhat in the manner that ardent minds are known to do who become excessively enamored of their own stories, and have been in the habit of telling them for a long time and on every occasion. He says of himself, that from the age of five or six months to two years he "was literally crammed with flesh meat, usually of the most gross kind," and all with the idea of making him stout and healthy. "The result [he proceeds] was an accumulation of adipose substance [*fat* is a better word], which rendered me one of the most unsightly, not to say monstrous, productions of nature." At the age of two he had hooping cough, which broke his constitution, and destroyed his relish for flesh meat. At fourteen he became "reconciled to flesh and fish" again, and "indulged in *it* [in the use of *them*] quite freely." Then came measles and dropsy. "These two complaints, or the mercury, digitalis and other poisons [*other* poisons, mind you] used in endeavoring to effect a cure," left the doctor in a sorry pickle—"left him with an eruptive disease and with weak eyes." He afterwards discontinued, chiefly, the use of stimulating food and drink, and thenceforth thrived

like other boys. At the age of twenty-four, and subsequently for a few years, he studied and practised medicine, got the consumption, and cured himself by rejecting one after another of "the whole tribe of extra-stimulants, solid and fluid." He now uses no condiments, except a very little salt, no sweets, sauces, gravies, &c. He never drinks with his meals, and very seldom at other times, and is never thirsty at all. "His appetite is constantly good, and as constantly improving." Notwithstanding his abstinent habits, he *can* eat and digest "almost anything which ever entered a human stomach"—such as "a full meal of cabbage or any other very objectionable crude aliment, or even cheese or paste." He flatters himself that he has now arrived almost to a state of independence of external circumstances. "I can eat," continues he, "what I please, and as much or as little as I please. I can observe set hours, or be very irregular. I can use a pretty extensive variety at the same meal, and a still greater variety at different meals, or I can live perpetually on a single article—nay, on almost anything which could be named in the animal or vegetable kingdom—and be perfectly contented and happy in the use of it. I can, in short, eat all the while, work all the while, think all the while, sleep all the while, converse all the while, or play all the while; or I can abstain from any of these, almost all the while." However, he does not wish to be understood "that either of these courses would be best for him in the end." "He never was more cheerful and happy; never saw the world in a brighter aspect; never before was it more truly 'morning all day' with him." He now fears nothing, "so far as health and disease are concerned, so much as excessive alimentation."

I wish I could quote much more in the same strain. The doctor is certainly a merry-andrew-sort of a fellow, notwithstanding the very grave exterior which he is accustomed to wear. However, should he attempt to "suit the action to the word," and to appear in conduct the jolly man he appears in print, I should not wonder if he should wake up some morning and find his head shaved and blistered, his visions vanished, and his friends recovering from an alarm. But what does the man really mean when he says that he can eat all the while, sleep all the while, &c. &c., or do without eating, sleeping, &c., almost all the while? His language is either very extravagant, and therefore unworthy of Dr. Alcott, or else he is one of the most wonderful characters the world has seen since the days of the famous Sam Patch or Mons. Chaubert. If he meant merely to affirm that he could do more, abstain longer, and endure better, than other men, or that he was the greatest fire-eater, rope-dancer or master of legerdemain in the country, why did he not say so, in so many words, and challenge the world to a trial of capacity and skill. As for the "incipient phthisis" which the doctor has no doubt was arrested and finally cured by his severe system of living, I cannot say much, except that the ultra starvation plan is, by very general consent, regarded as the worst possible plan for those that are threatened with that disease. If he ever had phthisis—a thing which I have very good reasons for doubting—reasons, too, which are not found in his own account of himself—I do not believe he is indebted

for his subsequent life to his very singular and whimsical habits of abstinence. On this point, I think the medical profession will go with me.

A considerable portion of the remaining part of Dr. Alcott's book is taken up with extracts (interspersed with comments by the author) from the writings of certain medical and other men, some of them distinguished, which are supposed to have a bearing on the question now before us. The doctor certainly contrives to muster a pretty formidable list of authors. But his endeavors to press them into his service, and to make them work well in the harness which he has prepared for them before hand, and which befits his "shrunk shank" so admirably, are not so successful. It is true, they speak favorably of strict temperance in all things, in food and in drink; but who does not, and particularly, what physician does not, do the same? Many of them have much to say on the importance of a low vegetable diet in certain diseases, and they say much that is true and much that is not so true; but what has all this to do with the question under present discussion? All physicians agree that the diet should be carefully regulated in sickness, but they do not, as a general rule, believe in any specific kind of food as suitable to all complaints. As a body, they have no faith in specifics of any sort. They find, or think they find, that some diseases require the starvation plan of treatment. Other diseases demand a generous and rather stimulating diet, with the addition, perhaps, of wine, &c. (startle not, gentle doctor). They may differ as to the proportional number of cases to be met with in practice which require the one or the other plan. But these differences can be got along with. They are to be expected among liberal and independent minds. If a man will have discrimination, and adapt his treatment to particular cases, and reject the idea of specifics, one can have charity for him and his opinions, however they may disagree with his own.—But, as I have before said, all the testimony which Dr. Alcott is pleased to cite about the management of the sick, is nothing to the purpose. And all the evidence which he is able to gather in favor of his plan of treating the sick and the well in precisely the same manner—of putting the healthy on a course of regimen which is only fit for invalids, and but for a certain portion even of them—amounts to exceedingly little. I do not mean to say that his wild scheme is countenanced by nobody. There are certainly madcap doctors in the world, who support opinions as extravagant as his. There is no absurdity in medicine which can be thought of, which has not been maintained by one or more men of note. Dr. Alcott, then, in his search for backers, has been no more successful than the advocates of other absurd opinions (who have taken equal pains) may have been. What I mean by all this is, that the doctor has been able to find no authority for his *peculiar* views which should make them current coin among a generation of reasonable men. His authorities are, at most, very few, and testify not the most willingly, either. They require the sifting process. Passages have to be detached from their connection, sorted and arranged anew, &c. Special pleaders understand this, and Dr. Alcott is a special pleader of the first water.

REDUCTION OF A DISLOCATED SHOULDER, OF SEVENTY-TWO DAYS STANDING.

[Communicated for the Boston Medical and Surgical Journal.]

MR. RICE's right shoulder was dislocated August 2d, 1837, by the upsetting of a stage coach in La Fayette, Madison County, Ohio. After riding ten miles to Vienna, a practitioner of that place was called upon for surgical aid, two hours and a half after the accident, who claimed to have some experience—according to his own statement having had about thirty cases of dislocations. He was also recommended as the best physician and surgeon of the place. He pronounced the case to be one of dislocation of the head of the humerus into the axilla. In his attempts at reduction he made no extension, but merely placed a pad in the axilla, using the arm permanently confined as a lever. The pad and roller were continued three days, when another medical man was called in consultation. The first represented to the consulting surgeon “that the head of the bone had been out of the socket, but that it was reduced, he having heard it when it went in.” The other concurred in the opinion that the bone was in its place, suggested that there might be fracture of the acromion process, and advised the re-application of the pad and roller. At that time the patient suffered from pain and numbness, chiefly in the hand, and from embarrassment of the motions of the hand and arm. He was not allowed to rotate the shoulder, and the only motion given to it was when the doctor raised the arm to examine the axilla.

The treatment described was continued, without much change, until the 13th of September, about six weeks from the date of the accident. The patient then commenced his journey homeward, to Chesterfield, Massachusetts. He consulted Dr. Watts, at Pittsfield, who gave the patient the first intimation that the dislocation was unreduced. The history of the case thus far has been derived from Mr. Rice's statements.

Dr. J. H. Flint made examination of the shoulder, at Northampton, on the 7th of October. The appearances generally were those of a recent dislocation. The head of the bone was closely adherent to the side; so closely that it was impossible to carry the arm from the side, even for the shortest distance, without exquisite pain. The motions of the arm were very much embarrassed, and the use of the fingers and hand almost entirely lost.

Dr. Flint proposed the following plan of reduction. 1st. To overcome the muscular resistance by depletion and low diet. (Mr. Rice had been a blacksmith, and the muscles of the right arm were exceedingly well developed.) 2d. To break up the attachments of the bone in the axilla, by extension and rotation applied at intervals for a number of days, carefully avoiding any sudden violence which should lead to undue laceration of the muscles or important vessels. And, finally, to attempt reduction by the usual processes, when this policy had been pursued long enough to permit a degree of freedom in the extension of the bone, and justify the attempt with a well-grounded expectation of success.

In pursuance of this plan, the patient was largely depleted, put upon the sparest diet, and the arm was rotated and extended in every direction, and rubbed with anodyne and oily embrocations, for six successive days. A systematic attempt at reduction was successfully made on the seventh day. The patient having been bled and nauseated by large doses of tart. of antimony, it was not found very difficult, after the previous preparation, to bring the head of the bone obviously beyond the glenoid cavity. It was, however, impossible to effect its reduction, until it occurred to Dr. Flint that nature had probably filled up the socket, and that the cavity might be cleared for receiving the bone, by brisk rotation after the requisite extension was made. Under this process of brisk rotation, the reduction was completed at a moment of complete syncope.

Seventy-two days had elapsed from the accident to the time of reduction. But little inflammation followed the operation, and in a few days the patient began to use his arm, and six months ago had almost completely regained its motions.

J. H. WRIGHT.

Springfield, Mass., October, 1838.

TRANSMISSION OF VACCINE VIRUS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I notice in Vol. XVI., page 419, an anxious desire manifested by Dr. Bradley, of Bankok, Siam, that some vaccine virus could be introduced into that kingdom. In Vol. XVII., page 31, an attempt was made, by Dr. Andrew Stone, to show how this might be done; but, as I conceive, by an imperfect method of transmitting a substance so extremely liable to decompose. I think all doubts may be put at rest on this subject by placing the virus in a tin box, exhausting the atmospheric air, and hermetically sealing it. In this manner I kept lobsters fresh seven years, at the expiration of which time I had them cooked, of which a number of gentlemen partook and pronounced the dish of the first quality. If any fresh article can be kept that length of time without any alteration in its flavor, why should not the vaccine virus maintain its activity after a lapse of the same period?

N. S.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 28, 1838.

VERMONT ASYLUM FOR THE INSANE.

THE Second Annual Report of this well-conducted institution, which, it will be recollected, is located at Brattleboro', was made to the State Legislature in the latter part of October. The first part of the pamphlet

is occupied by a detailed report of the Board of Visitors, who seem to have just and enlarged views of what is desirable—nay, what is necessary, for the convenience and comfort of the patients. They complain of a want of funds to complete the buildings. Another wing, the cost of which will be about eleven thousand dollars, is spoken of in a way that should have influenced the Legislature to grant the means of erecting it at once. There is a culpable tardiness in finishing these public establishments in this country, quite discouraging to philanthropists. The history of many of the most deserving and praiseworthy institutions in the United States, designed expressly for ameliorating the condition of the unfortunate of our race, is a history of hope deferred—of dragging, mispent time and money. When the public sentiment is in favor of a measure of this character, there should be no unnecessary delay—no obstacles—no want of energy—no, nor want of money, when it is raised directly from the people who sanction the measure.

The board state that during the past year, eighty-one patients have been in the institution. Thirty-four remained at the close of last year, and forty-seven have been admitted; forty-five have been discharged, and thirty-six remained at the date of the report. In less than two years from the opening of the asylum, *thirty-one* persons have been discharged who were restored to reason and usefulness. This one fact is a triumph of which the State may indeed be most proud.

Another portion of the printed pamphlet embraces an interesting document from the superintendent, Dr. Rockwell, at whose appointment much satisfaction was expressed. He has pursued a course of moral treatment that cannot be otherwise than successful—precisely the same as is adopted by Dr. Woodward at Worcester, and by Dr. Bell at the McLean Asylum in Charlestown, which have long been regarded as models worth copying everywhere. The following are Dr. R.'s remarks on the religious exercises at the asylum:—

“Our religious exercises have been continued the same as last year. We have family worship every evening after tea, when all who are in a proper condition are present. The exercises at these times consist of reading a portion of the scriptures, singing a hymn, and a prayer. On the Sabbath in the afternoon, in addition to the above exercises, a short sermon or a part of one is read. These seasons are a source of great comfort to many of the patients, and we have received letters from those who have recovered and returned to their friends, who mention these seasons as among the most interesting of their lives. In no case has it appeared to have an injurious effect, and in many, it has been the commencement of that exercise of self-control, and hope of recovery, which has resulted in their restoration. One patient who could not control her feelings, language, or conduct, or refrain from tearing her clothing, would behave with propriety during family worship. Whenever the usual family worship has been prevented, a general expression of disappointment has been manifested. Those who are in a suitable condition attend church on the Sabbath. Attendance upon these exercises is entirely voluntary with the patients.”

To do Dr. Rockwell full justice, and at the same time show the professional reader in what this moral treatment consists, a portion of the report will be hereafter copied into the Journal. Were our pages sufficiently ample, nothing would afford us more satisfaction than to reprint the whole of these reports from the New England Institutions for the management of the insane, as they appear from year to year. Wishing

Dr. Rockwell continued success, we hope he will never find it necessary to change a system hastily, which has accomplished so much, thus far, for suffering humanity.

Infirmary for the Treatment of Diseases of the Lungs.—Two years have passed away since the commencement of this Infirmary, which has more than met the expectations of its friends. The number of persons seeking advice, justifies the opinion that this will ultimately be considered by the citizens of Boston an object of great importance, and worthy of the sustaining influence of the benevolent. It is well known that diseases of the lungs, in this variable climate, are not only very common, but in Boston, particularly, the number of deaths annually, by pulmonary consumption, greatly augments the bill of mortality. The poor, exclusively those unable to procure medicines, are here first advised of the best plan of treatment in the incipient stages of the disease, and remedies are gratuitously dispensed, under all circumstances. Editors of public papers would, perhaps, do this class of sufferers an essential benefit by giving greater publicity to the institution—which is located in Court square, entering from School street. The days of attendance are Mondays, Wednesdays and Fridays, at 12 o'clock.

Phrenological Lectures in New York.—From various notices in the New York City papers, it appears that Mr. Combe has not only a good audience, but succeeds in interesting his hearers. We cannot refrain from urging it upon our medical brethren, as far as possible, to avail themselves of the advantages of that gentleman's discourses on the functions of the brain. Though not so fluent a lecturer as Dr. Spurzheim, he is a powerful reasoner and a profound metaphysician. It is not expected that every one will become a phrenologist, but it is important that physicians should avail themselves of every possible opportunity of learning all that is to be known in relation to the structure of the organ of mind.

Dr. Gallup's New Work.—It is understood that the venerable Joseph A. Gallup, M.D., formerly in the chair of Theory and Practice, at the Castleton Medical School, is in Boston, superintending the publication of a work, in two volumes, which he has been many years preparing, on a subject upon which he has formerly lectured very acceptably. As a subscription paper was circulated a few months ago, it is presumed the encouragement was satisfactory to the author; and, therefore, his friends may soon expect to be furnished with the books. Messrs. Otis, Broaders & Co. being engaged in the printing, peculiar neatness in typographical execution is expected, as a matter of course.

The Structure of the Cornea.—The cornea of all animals having palpebræ is composed of three distinct parts; externally it is covered by a thin membrane or pellicle, which various appearances of disease prove to be a continuation of the tunica conjunctiva. The central lamina is composed of a cellular transparent substance, possessing a very low degree of vitality. The third, or internal layer, is membranous like the

first, but much thicker and stronger. It belongs to the class of serous membranes. If the cornea of an ox is placed between the finger and the thumb, by moving one upon the other, we are made distinctly sensible of the existence and relative densities of these three laminæ, the yielding nature of the central one enabling the other two to move in opposite directions; and on dissecting them, we find the internal one capable of resisting a much greater force than the other two. When a pointed instrument is introduced through the two first, a considerable addition of force is required to make it enter the third, otherwise it glides along its surface without penetrating deeper. Disease demonstrates these successive layers in the human eye, in a manner equally satisfactory to the pathologist.

Polypus in the Nostrils.—The extirpation of polypus in the nostrils is one of the most simple operations, yet its success often depends on the acquaintance with some minute practices, a description of which is not found in books, and which are only learned from experience. When polypi extend into the posterior nares, M. Lisfranc recommends that the forceps be long, have small points, the insides of which are rough, to prevent their slipping from the peduncle. A recurrence of polypi is a very frequent occurrence, not because those which have been extracted have not been completely taken away, but because new ones form. Near large polypi there are always on the mucous membrane small ones, not bigger than a pin's head, which grow rapidly. M. Lisfranc states that the only remedy to prevent the growth of these and a recurrence of the disease, is the following solution, conveyed to the posterior nares by means of a camel's hair pencil: Take of strong decoction of red rose leaves ʒiv.; sulphate of zinc ʒij.—*Cont. and British Med. Review.*

Proposed Experiments on Digestion.—A resolution was passed by the medical section of the British Association for the advancement of Science, at their late meeting at Newcastle, to apply for a grant of 200*l.* from the funds of the association, for the purpose of taking to Great Britain and retaining there for one year, Alexis, mentioned by Dr. Beaumont in his work on digestion, for the purpose of making physiological and chemical researches on the subject of digestion. The committee proposed for the investigation were Drs. Thompson, Prout and Graham, and Prof. Owen.—*American Med. Jour.*

Club-foot cured by Operation.—Dr. A. G. Walter, of Pittsburgh, Penn., has communicated to us accounts of ten cases of club-foot cured by operation. Dr. Walter divides not only the tendo Achillis and other tendons, but also some of the ligaments. In several cases he states he has found it necessary to divide the following tendons and ligaments: tendo Achillis; tibialis posticus and t. anticus; flexor pollicis longus, and f. digitorum communis longus, et brevis; the ligamentum plantaris, l. cruralis internis, et l. deltoideum.—*Ibid.*

Chlorate of Potass in Croup.—Dr. Klein assures us that he has found the chlorate of potass extremely useful in dangerous cases of croup, par-

ticularly towards the termination of the disease. He administers it in the dose of three grains every four hours, to children of two years old. The fits of coughing soon become more mild under the use of this remedy ; a profuse perspiration breaks out ; the child falls asleep and gradually recovers.—*Siebold's Journal*.

Medical Miscellany.—Dr. Cassel's introductory discourse before the students of the Medical Department of Willoughby University, Ohio, is well spoken of in the *Cleveland Herald*.—A story is current that the Council General of the Paris Hospitals, struck with the mortality of those who had undergone surgical operations within the two last years, caused a monthly return to be made of each operation, the name of the disease, the name of the surgeon, and the number cured or lost by each ; and the effect has been to diminish the mortality. Formerly, out of five cases three have died, but the deaths are now reduced to one per cent. If this is true, it only shows the value of careful attention to after-symptoms, and vigilant nursing.—Mr. James Toulmin Smith, an English gentleman, residing in Roxbury, Mass., will speedily give the public a "Synopsis of Phrenology," accompanied by a phrenological chart.—A hospital having been organized at Geneva, N. Y., in connection, it appears, with the medical school in that place, Professor Rodgers is now giving daily clinical lectures there. Ten thousand dollars have been set apart, by the Trustees, for a new medical college building.—Dr. Beals, of New York, a talented lecturer, gave an introductory discourse, to a private course on obstetrics, on the 12th inst.—Lectures will commence at the Charity Hospital, New Orleans, on the last Monday of this month.—The New York Medical Examiner speaks of a new mode of putting up caustic—in a cylindrical piece of wood, like a crayon, having an ivory cap at one end to secure the point.—The Geneva Medical College, says the same paper, has "*one third more students than during last year.*"

TO CORRESPONDENTS.—The communications of Drs. Glysson and Spaulding are on file for publication. An account of the complimentary dinner to Drs. Jackson and Warren, and other deferred articles, will appear next week

Whole number of deaths in Boston for the week ending Nov. 24, 29. Males, 17—females, 12.

Of consumption, 7—accidental, 1—old age, 4—diarrhœa, 1—croup, 1—burn, 1—inflammation, 1—child-bed, 1—scarlet fever, 3—dropsy on the heart, 1—palsy, 1—fits, 1—sudden, 1—canker in the bowels, 1—inflammation of the brain, 1—cholera morbus, 1—stillborn, 2.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct 31—eptf

DR. JACKSON'S REPORT.

A REPORT on the cases of Typhoid Fever, which occurred in the Massachusetts General Hospital from the opening of that institution in September, 1821, to the end of 1835. By James Jackson, M.D., late Attending Physician in that hospital. Highly recommended in the *American Journal of Medical Sciences*, and in *Dunglison's Medical Library*. Published by
Nov 21—3t WHIPPLE & DAMRELL, No. 9 Cornhill.

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "drowning and bearing-down" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield, M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 3.

lyceop

LOWE & REED,

24 Merchants Row, Boston.

SCHOOL FOR MEDICAL INSTRUCTION.

The Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by - - - - - DR. BIGELOW.

On Anatomy and Surgery, by - - - - - DR. REYNOLDS.

On Midwifery and Chemistry, by - - - - - DR. STORER.

On Physiology and Pathology, by - - - - - DR. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1838.

Aug 22—ep3m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

VACCINE VIRUS.

Physicians in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. Oct. 25.

INFIRMARY FOR SPINAL DISTORTIONS, CLUB FEET, &c.

At 65 Belknap Street, Boston.

PATIENTS from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

George Hayward, Edward Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, Geo. B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838.

tf.

NEW LEECH ESTABLISHMENT.

The medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

Oct. 17—lyceop

33 Prince St. corner of Salem St. Boston.

SETH W. FOWLE,

FOR SALE,

WITHIN thirty miles of Boston, an estate now occupied by a physician, who is about to leave the place. It will be sold at cost, which is between 2500 and 3000 dollars. The practice is a valuable one, as can be satisfactorily shown to any applicant. For name and place, inquire at this office; if by mail, *post paid*.

Nov 21—3t

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIX.]

WEDNESDAY, DECEMBER 5, 1838.

[NO. 18.]

BRITISH PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

[We are permitted to extract the following remarks from a letter written by Dr. E. Barlow, who was president of the above-named association at its last anniversary, to Dr. Warren, of Boston, to which we desire particularly to direct the attention of the reader.]

"I lament that you could not have been present at the late anniversary meeting of our 'Provincial Medical and Surgical Association,' which took place in Bath last week under my presidency. Nothing can be conceived more highly interesting than this annual reunion of the Provincial Medical Faculty of this kingdom, nor more likely to lead to important and most beneficial results. After a few months of deliberation this association was instituted at Worcester in 1832, and it has since held six anniversary meetings successively in Bristol, Birmingham, Oxford, Manchester, Cheltenham and Bath. We began with about 150 members, derived from a limited district; we now embrace the whole kingdom, with upwards of 1200 members enrolled. For more effective co-operation than one annual migratory meeting would admit, we are forming subordinate District Branches, members reuniting themselves in branches according as their localities and personal convenience direct, and holding whatever local meetings their zeal and diligence may respectively require. We assemble next year at Liverpool; our regular anniversary day is the 19th of July; but in order to ensure the convenience of holding our meetings on fixed days of the week, our rule is to assemble on the 18th and 19th of July when the latter day falls on a Thursday, as it did this year, or on the first Wednesday and Thursday after the 19th, as will be the case next year. This rule enables all concerned to foreknow the exact time at which meetings will be held.

"Is it too much to hope that in this age of rapid navigation and steamboat flight, some of our United States brethren may be tempted to cross the Atlantic for the purpose of honoring us with their presence at these our national medical conventions, and personally receiving from us assurance of the high esteem in which we hold them? May I indulge the expectation that at our next reunion at Liverpool, some representatives of the U. S. Medical Faculty may find their way to us, and allow us to evince towards them the cordial respect and regard which we unfeignedly feel? If you could hold out any such hope, it would be an incentive to our energies of the most inspiring and exhilarating

kind. Pray think favorably of this suggestion, and diffuse it as widely as you can."

[For the purpose of exhibiting still further the objects of this association, as well as some arguments which are equally in favor of a similar one in this country, we present part of the address of the same gentleman on taking the chair, as President elect for the year, at the late anniversary at Bath. Extracts from the doings of the association may hereafter be copied.]

"Gentlemen,—In entering on the office which your kindness has assigned to me, my first agreeable duty is to bid you all heartily welcome to this our ancient city, which was never more signally honored than it is on the present occasion. Cultivated talent and moral worth, especially when combined, must ever receive the respect and regard of all who are capable of appreciating them. For both, our revered profession has always been eminent; and when they who, even amongst its members, distinguish themselves by pressing forward in the career of humane and enlightened endeavor, assemble in such numbers as I rejoice to see now around me, for the purpose of cultivating still further their divine art, and promoting the best interests of humanity, their presence must confer honor on any place which is graced by such an assemblage. It is not my design, gentlemen, to trespass long on your time or attention, in the address from the chair, with which the customs of our association require me to open the present session. To do so would be an abuse of the privilege which my present situation confers, and prove only an irksome delay of the far more interesting matter which will be speedily submitted to your consideration. In each successive year some change takes place in the circumstances under which your President addresses you. Heretofore, and until the designs for which the association was instituted had become generally understood, it was the duty of your Presidents, in their respective discourses, to dwell on those designs and the evidences of their fulfilment, so as to make their nature, scope, tendency and progressive realization familiar to all concerned. Happily this is no longer needed—for the years that have elapsed since we first assembled to found this association, and the wide diffusion of our Reports and Transactions, have made these designs fully known; while extension of the association, which in respect both of numbers and space, has advanced with a rapidity which I may say is unexampled—furnishes assurance the most unequivocal of their being justly appreciated. Were further proof of this needed, the assemblage which I now see before me, congregated from almost every part of the kingdom, must suffice to carry conviction to the most sceptical. And here, gentlemen, I will remark, that so long as we display such evidence of zealous and harmonious co-operation, we may be content to pursue the direct and even tenor of our way, whatever the opposition we may chance to encounter; and, cheered by the consciousness that, so far as our abilities extend, we are pursuing laudable objects from pure motives, may safely disregard objections, such as only ignorance or miscon-

ceptions of our designs could urge against us. Practical details and statistical elucidations you will have abundantly in the ulterior proceedings of the present meeting; on all such it would be vain and idle for me to dwell. I prefer, therefore, during the few moments to which my present trespass shall be limited, to direct your attention to those considerations which admit not of statistical exposition, yet which are not the less valuable from requiring to be addressed rather to the mind's eye than to our actual perceptions. The main objects for which we are associated, as stated in our fundamental constitution, are, the advancement of medical science—and the maintenance of the honor and respectability of the profession. These objects are intimately connected; for unless science be diligently and effectively cultivated, the honor and respectability of the profession would rest on a very slight foundation; and unless the honor and respectability were otherwise maintained, on the high ground of moral integrity and liberal sentiment, no advance in science could vindicate its claim to that high estimation in which it has through ages been held, and which, I trust, it will ever even with sensitive jealousy preserve. The feelings of the sensitive Roman, who would not that his wife should be even suspected of error, are to be commended; and with similar feelings it should be our care so to conduct the proceedings of our association, that not even the suspicion of selfish or sinister designs should attach to us. To the cultivation of medical science our endeavors have been hitherto directed, with an earnestness and steadiness of which it becomes me not here to speak. However little these endeavors may have hitherto produced, they have at least been exerted with a zeal worthy of the cause which called them forth. My present purpose, however, is not to dilate on these efforts or their fruits, but to impress on you all that they who would judge of the value of our association, even by the efforts already made, or the products which have resulted from them, would form but a very imperfect estimate of the benefits which our association is conferring, and which it cannot fail eventually to realize. It has been asked, and in a depreciating tone and unfriendly spirit, what have we done? The very question conveys to me the conviction that the party proposing it has no adequate conception of the subject on which he affects to seek information. No one really imbued with the love of science or the spirit of truth would even form the conception of judging us by so crude and inadequate a test. It is, no doubt, true that fruits should be the proof by which modes of cultivation should be judged; but surely not till time be given for seeds to germinate and plants to fructify. In our cultivation of medical science, it surely cannot be barren of fruits when upwards of one thousand energetic members of a liberal and enlightened profession are incited by the inspiring stimulus, which this association supplies, to exert their best faculties and most earnest efforts for investigating those truths of nature which it has ever been the object and aim of our profession to explore. In the activity thus aroused, there is ample assurance that the energies so called forth will not be unprofitable—that to the seed thus sown may we look with full confidence for a rich and abundant harvest. I care not, gentlemen, how slowly this harvest

advances ; it being enough to satisfy me that it is advancing. I am not impatient for brilliant discoveries, such as the history of science has shown to occur only at intervals few and far between. Science is ever of slow advance, if this is to be judged by the sudden bounds by which consummate genius starts a-head of contemporary talent, marking epochs in the history of the science. But it is ever steadily progressive, if we note the slow, but sure—the humble, unpretending, but diligent and unwearied labor with which its ordinary votaries endeavor to extend it. Among these humble laborers do we class ourselves ; with the merit attaching to such labor we will be content, and on the result of such labor are we satisfied to rely. Should it fall within the inscrutable designs of Providence that some master mind should spring up amongst us, some heaven-born genius destined to achieve the performances and equal the eminence of a Newton or a Harvey, we shall gratefully hail the distinction, assuming only the humble merit of having used our best endeavor to incite and cherish such transcendant talent. But, gentlemen, in the ordinary pursuit of our objects we look not for such results, and on the diligent exercise of ordinary talents are we content to rest our claims for commendation, encouragement and support. I am led to submit these views to you, gentlemen, believing them to be those of truth and sober reason ; for while I would deprecate all extravagant anticipations and vain boastings, I conceive it essential to the steady progress of our combined exertions that we neither undervalue what we have done, nor form an incorrect estimate of what our conjoined labors are capable of effecting. On the second head of my present address, that, namely, which relates to the maintenance of the honor and respectability of the profession, I shall be very brief—for this honor and respectability must ever flow, not from self-elating pretensions or arrogant claim to consideration, but from the professional skill and moral worth of the individual members. As the aggregate of parts constitutes the whole, so must the maintenance of honor and respectability by each individual member of our association ensure beyond the possibility of failure the continuance of these long-enjoyed attributes to the collective body ; and when I consider the high moral qualities which the members of our body on all occasions display, the talents they evince and the zeal they manifest, to all of which even the brief records of our association already bear ample testimony, I can entertain no fears of our ever, as a profession, descending from that high moral eminence, on which the opinions of the world, and the express declaration of several of the sagest and most acute observers of human nature, have for ages placed us. On the conduct of our individual members I confidently rely for preserving unsullied that reputation which the profession has hitherto maintained.

“So far as my judgment and feelings are capable of guiding me I would say—in cultivating medical science disdain not, through vain aspirations for profound theories or dazzling generalizations, that patient observation of nature and diligent collection of accurate facts, from which all true theory must be derived, all sound generalization deduced ; and, in upholding the honor and respectability of the profession, let the

measures we collectively sanction ever bear the impress of that high-toned moral feeling which has so long distinguished our profession, and by which its true interests require us ever to abide."

DR. ALCOTT'S WORK ON VEGETABLE DIET.—No. V.

[Communicated for the Boston Medical and Surgical Journal.]

IN considering that part of Dr. Alcott's evidence which is derived from the testimony of correspondents, I inadvertently overlooked the letter of one of his witnesses, Dr. John M. Andrew, of Remsen, N. Y., owing to its not being inserted in its proper place in the work under review. Dr. Andrew seems to be a thorough-going vegetable eater. He has followed the "system" sixteen months, and has not lost a pound of flesh. He has devoted himself to "the assiduous cultivation of his mental faculties," and is withal a most valiant man in the field—of labor. "I cannot," says he, "find a man to vie with me in the field, with the scythe, the fork, or the axe. I do not want anything but potatoes and salt, and I can cut and put up four cords of wood in a day, with no very great exertion." All this is very strange! Dr. Andrew is certainly a doughty man, and very probably will prove a match for Dr. Alcott himself, who, it will be recollected, "can eat all the while, sleep all the while, talk all the while, fast all the while," &c. &c. Dr. Andrew followed the honorable business of farming until about four years ago, when, he says, he commenced his "professional course." His experience, as a physician, must have been about as extensive as that of Dr. Alcott's other correspondents.

Dr. Alcott, as I have already said, is quick to find evidence in authors which favors his own views, while he is extremely dull of apprehension when evidence of a different character presents itself. He is stone blind on one side. He can see the smallest objects on the left, while a church of the largest size cannot be perceived on the right. For instance, he quotes Dr. Beaumont with much approbation when he says that fat meats, butter and oily substances, spices, pepper, and stimulating condiments, retard digestion and injure the stomach; but he makes no allusion to those decisive experiments of Beaumont and others, which show, what almost any man may know from his own experience, that vegetable food, as a general rule, is more slowly and with more difficulty digested, than animal.

The last chapter in Dr. Alcott's book is a long and labored one, in which the author recounts, in a formal manner, the arguments which he has been able to collect, during a period of thirty years or so, in favor of his system. This chapter is not without instruction, though much of it is very queer, and all of it extravagant and ultra in its views. Its reasoning is so, so—a pretty good specimen of bran-bread logic. I beg the reader will examine it for himself.

Vegetable-eaters, says the Doctor, have excellent appetites, much better than other men; yet, they are not hungry. None but they know the pleasures of eating, and yet they can go without eating without any

self-denial or inconvenience. They have better digestion, better chyle, "better bones and more solid muscles," greater strength, sweeter breath, acuter senses, more lively minds, and clearer heads and handsomer faces, than other men. "Vegetable diet," says our author, "favors beauty of form and feature." "Beauty," he continues, "is as much within our control, as a race, as our conduct." "Beauty," adds he, in another place, "is exceedingly influential, and I look forward to a period in the world's history, when all will be comparatively well formed and beautiful." Now I know not what is Dr. Alcott's standard of beauty, but I have known some bran-bread gentlemen who looked no better than they should—indeed, no better than other men. I hope the doctor will not think me personal; but it is really too bad that a man with his gaunt and hungry look should taunt his betters with being unhandsome. It is not strange that a person who has lived on Dr. Alcott's plan should have an excellent appetite, and should be able "to eat even the coarsest viands with a high relish" (for what flesh-eater who, either from choice or necessity, has nearly starved himself, cannot say as much); but it is strange that a man of his taste should place before us such a skeleton set of fellows as his followers are known to be, and call them beautiful. I know it is said that there is no disputing of tastes, but such a taste as is here avowed I feel authorized to dispute.

"The pure vegetable-eaters," the doctor goes on to say, "seldom drink at all. The reason is, they are seldom thirsty." This, he contends, is an excellent argument in favor of his system. One of his authorities, indeed, maintains that man is not naturally a drinking animal. Dr. Alcott does not go so far as this; still he believes "that ninety-nine hundredths of the drink which is used does more harm than good." He has known several hard laborers "who were accustomed to sweat profusely and freely, and who yet hardly ever drank anything." How the system is supplied with fluid in such cases he cannot say, but instances of the kind prove, he contends, that drink is unnecessary. This is his logic—"If but one healthy man can dispense with drinking, others may." Drinking, he says, is a habit, and a very bad habit too. He not only denounces all stimulating drinks, but he seems to have had a falling out even with cold water—a word which is forever on the lips of his bran-bread associates, as though we could never have enough of it. I do not know on what ground he has taken up the cudgel against pure cold water—that harmless thing and emblem of purity—unless it is because it, too, is too stimulating. One of his authorities whom he quotes much, recommends *distilled* water as far preferable to any other. Such water, certainly, cannot be very stimulating, nor can it contain much spirit. Why, then, does not Dr. Alcott recommend it, or does the process of preparing it smack too much of the distillery?

Dr. Alcott is, of course, a great enemy to *fat*. Vegetable-eaters, he says, are never troubled with it. I believe him, so far as his own associates are concerned. They, certainly, were never accused of being fat. But it is not true that fat people are of course gross feeders. They are not so likely to be large eaters, or to eat as large a proportion of animal food, as other men. The fattest man I ever saw ate sparsely,

and hardly tasted animal food at all. This is according to my experience, and according to the testimony of those with whom I am acquainted. Excessive corpulency should be regarded as disease, and independent, at least frequently, of diet. It is, generally, a misfortune and not a crime, and the man who has met with it should not be called hard names, or stigmatized, in not very elegant language, as "a huge mass of double-refined disease, pillaged from the foulest and filthiest of animals."

But I must bring my remarks to a close. I have not said all I intended, though I have exceeded the limits which I marked out for myself. I do not pretend to have said much that is new. An old argument, in my way of thinking, is as good as a new one, provided only it be a good one. I know that I have said nothing that will convince Dr. Alcott or any of his associates. I had almost said that it was not the nature of argument to convince those that are wedded to systems. Dr. Alcott is possessed of an enthusiastic mind, and, like others of his kind, is very apt to have his hobby, and to ride his hobbies very hard. I do not doubt the doctor is thoroughly honest in his opinions, but I do doubt if his mind is in a state to be convinced by reasons. As before remarked, he has a blind side; and not wilfully or affectedly, but unconsciously and really. I shall not change his opinions. He is at liberty to enjoy them; only let him allow me to enjoy mine. I part from him with perfect good feeling, wishing him health and long life, and everything desirable except proselytes.

Note 1.—I have said, in one of these papers, that, probably, one in six of the people in New England lives to be seventy years of age. It has been mentioned to me that this proportion was probably too large, but I am convinced that it is, on the contrary, too small, if we exclude the cities from the estimate. Bancroft says, in his history of the United States, that more than one in five, full four in nineteen, attain the age of seventy. In the immediate vicinity in which I live, even this proportion is too small. A friend of mine, curious in such matters, has made actual inquiry, and has found that of all those born in this neighborhood full one in four lives to the age of seventy. And yet, this town has not been *known* as peculiarly healthy. Probably Mr. Bancroft's estimate is not too large for all New England, provided we leave large towns out of the account.

Note 2.—A gentleman, one of the first medical men in New England, has mentioned to me, since I commenced these papers, that nearly all the very old persons with whom he has been acquainted, have been hearty eaters. I do not know how general this fact may be, but I believe that persons far advanced in life do not live on Dr. Alcott's plan. There is now living within one hundred rods of where I write, a man aged one hundred and one years and seven months. A week ago there was a man buried within five miles of my residence, aged one hundred and two years and three months. Both of these persons were, in their day, what may be called good livers. They ate flesh liberally, but temperately, generally three times a day, during the laboring part of

their lives. Both of them used cider moderately and some spirits. The first, who still survives, follows up the habits of his earlier life in respect to food and drink. The second did the same until within a few months previous to his death, when he dropped his usual small allowance of spirits. Judging from the lives of these men, is it possible that flesh is the poisonous thing which Dr. Alcott maintains?

EXANTHESES ROSALIA V. PARISTHMITICA, TERMINATING IN
ARTHRITIS RHEUMATISMUS V. ACUTUS ERYTHEMATODES.

BY T. GLYSSON, M.D., NEWPORT, VERMONT.

[Communicated for the Boston Medical and Surgical Journal.]

ROSALIA, particularly v. P., has been quite prevalent in this section during the present season, and seems to have been unusually fatal. The case of which I am about to give the details, has been quite interesting to me, and I presume will be to others, more especially to that part of the profession who have not met with similar ones. I have before met with two cases of R. v. E., but not in connection with rosalia. Acute erythematic rheumatism is a rare disease; *i. e.*, not near as frequently met with as other varieties of rheumatism—and I report this case with the view of eliciting observations from others. There has been much written about the best method of treating this disease (acute rheumatism)—much discussion still exists—but not to the purpose. Actual experience and observation seem to be disregarded, and *theory alone the topic*.

Miss A. A. J., aged about 18 years, Oct. 17, complained of chills, heat, thirst, headache, and considerable difficulty of deglutition. Eyes watery and red; a fiery redness of the face; the inside of the mouth and fauces much inflamed; some hoarseness; dry, hacking cough; considerable thirst; a burning, throbbing pain in the fauces; a burning heat and dryness of the skin; a quick, hard and frequent pulse, numbering 135 a minute. The throat, on examination, presented a fiery red color; a brown fur upon the tongue; bowels costive, and some tenderness in the umbilical and hypogastric region, which on examination appeared tumefied. Some nausea, but had not vomited. A very disagreeable taste in the mouth. Some difficulty in moving the joints. On inquiry, I ascertained that she had suffered for about four months past from paramenia obstructionis v. suppressio, though not very severely.

Being well convinced of the nature of the affection, I put her upon the use of Dover's powder in doses of 10 grs., conjoined with 3 grs. of camph., to be repeated once in 4 hours. Pl. hyd. 3 grs. once in 6 hours. Emp. epis. of sufficient length to cover the forehead and temples, and use a decoction of rose leaves for a gargle.

Oct. 18.—Pain in the head less severe; less difficulty of deglutition; burning heat of the skin about as on the 17th; *no chills*. In other respects, also, the same. Give an emetic of ipecac. et t. antimony, which operated to advantage, producing a free perspiration. Give a

table-spoonful and a half of ol. ricini, and repeat once in 6 hours until it moves the bowels freely. A solution of alum and decoction of rose leaves for a gargle.

19.—There has been, since yesterday, less burning heat of the skin, and by turns a slight perspiration. No nausea. Physic had operated well. A slight pain remaining in the head; some vertigo and confusion, accompanied with faintness, on assuming an erect posture. Pulse 125. By turns there is some convulsive starting of the tendons, particularly about the time of going to sleep. In other respects, as on yesterday. Give powders composed of s. morph., grs. $\frac{3}{4}$; ipecac., grs. 3; prot. chlo. merc. grs. 4, and repeat once in 4 hours. Ordered two table-spoonfuls of ol. ricini to be given at nine in the evening, and, if no operation in the morning, to be repeated.

20.—Has rested well during the night. No nausea; some thirst; a free perspiration; no faintness or vertigo; pulse 120; pain in the head entirely gone; no lameness of the joints; no convulsive starting of the tendons. Physic operated well at about 6 in the morning. A heavy eruption made its appearance in the night, about the neck, shoulders and face. Continue the medicines, except ol. ricini.

21.—Equally as comfortable in every respect as yesterday. Pulse 119. Eruption gradually spreading over the back, chest and bowels. During the night had one movement of the bowels. Continue medicines.

22.—Pulse 115. Symptoms gradually improving. Eruption has begun to appear on the lower extremities. Continue medicines.

23.—In all respects improving. Eruption beginning to fade where it first appeared. Continue medicines.

24.—Rested well the fore part of the night. About 12, began to complain of pain, soreness, burning heat, and stiffness of the joints of the lower extremities, left upper extremity and neck. On my arrival, about 8 o'clock, A. M., I found some tumefaction of the several joints, severe pain, and a deep redness of the skin, in many places inclining to a deep purple hue; this was the case more particularly with the ankle and knee joints of the inferior extremities, and elbow, wrist and finger joints of the left superior extremity. She could not move any of them in the least. There was a good deal of thirst; a severe pain in the head; some pain in the bowels, in connection with diarrhoea; pulse 135, quick, and slightly corded. Eruption had entirely disappeared from the face, neck and shoulders, but upon the bowels and inferior extremities was of a dark red hue and in large patches. Considerable difficulty of breathing; a tendency to cough, but could not, owing to the severe distress such an effort produced. Gave a powder composed of opii, grs. 2; actæa racemosa, grs. 8; ipecac., prot. chlo. merc., aa grs. 3, to be repeated once an hour until free from pain, after that once in three hours. Use a liniment composed of aq. ammo., ol. olivæ, aa 3 ij.; t. opii, 3i.; camph., 3ss., to be rubbed on the joints and wherever there is any pain, soreness, and swelling (until entirely rubbed in dry), once in 2 or 3 hours. Apply a blister to the nape of the neck. Omitted the gargles, as the soreness of the mouth and fauces had considerably abated.

25.—To day she is pretty much free from pain when lying entirely still; sweat profusely during the night and the forenoon of to-day. Some ptyalism. Swelling of the joints of the extremities about the same, except the color is not so dark. Eruption beginning to fade away about the hips. Diarrhœa subsided. Continue medicines as on the 24th. It should be remarked here, that the weather for three days past has been cold and chilly, and very changeable—*atmosphere, very damp indeed*. Coat on the tongue of a deep brown color.

26.—Some considerable improvement. Tumefaction of joints considerably abated, and she can move them more freely. To-day the joints of the right superior extremity and shoulder are affected; pain in them is very severe, and the joints of the fingers of the right hand beginning to swell. Wrist joint a little tumefied. Bowels rather costive. Continue the medicines as yesterday, except the omission of actæa and prot. merc., for 12 grs. gm. guaic. Eruption is entirely gone.

27.—Pain, soreness and tumefaction abating in every joint, except the right upper extremity and shoulder, where they have increased some since yesterday. Pulse 120, and considerable softer. A free perspiration. During last night had three movements of the bowels. Powders produce some vertigo. Lessen the quantity of opium; in other respects continue medicines as on the 26th. Coat upon the tongue is beginning to come off.

28.—Pulse 100. Swelling of the joints gradually abating. No pain except in the head, and that attributed altogether to the noise in the house. As soon as the house was still, the pain disappeared. Some diarrhœa. Continue medicines as on the 27th.

29, 30 and 31.—Gradually improving. Secretions returning. Coat on the tongue mostly gone, and gaining in strength.

Nov. 1.—The joints are of the natural size. She is beginning to have some appetite. Pulse 75, moderately full. Ptyalism nearly gone. No tendency to cough. Continue medicines as before, except omit gm. guaic.

2.—In every respect better. Coat entirely gone from the tongue. Appetite improving fast. A little tenderness of the gums remaining. Bowels costive. To-day she began to menstruate, and is in no pain excepting what is present in connection with the return of the menses.

3.—She is able to sit up an hour at a time. Strength and appetite improving fast. Has rested well for the last two nights. Discontinue medicines.

6.—She is able to sit up most of the time. Has something of a diarrhœa, and is directed to take 25 drops of tinct. opii once in 4 hours until it gives relief.

9.—To-day she is quite well, is able to labor some, and has improved very fast since the 6th.

I have had, in the same house, another case of rosalia, terminating in enteritis typhodes, variety nervosa, which will be forwarded for publication as soon as I can get time to copy the same from my notes.

Newport, Vt., Nov. 15, 1838.

DR. MOTT'S AND DR. WARREN'S TRAVELS.

[THE following extract from a letter by the European correspondent of the New York American, will be read with interest by the members of the profession of which the above-named gentlemen are distinguished ornaments.]

No arrival from the East has afforded so much pleasure to the Americans in Paris, as that of Dr. Mott, your townsman, one of the ablest of surgeons and worthiest of men. He has come back from a journey of five months, extended to Palestine, through countries of the highest interest to him in a professional, not less than an ordinary point of view. His health is unimpaired, though he underwent many and various hardships. He proceeded from Paris to Marseilles, thence to Malta, and thence to Greece, of which he made the tour in nearly all the principal islands; thence to Alexandria, Cairo, all the countries on each side, both deserts—the pyramids of Gaza, of Saccharia and Memphis, and the mountains of Mogattam; from Cairo to Damietta, &c. He returned through Egypt, by a different route, to Alexandria, thence to Syria and Asia Minor. After visiting Smyrna and some parts of the interior, to see, at least, the site of one of the Seven Churches of Asia, he embarked for the Dardanelles, landing to survey Cestos and Abydos, penetrated again into the interior of Asia Minor, and visited on his route ancient Troy, the plains, Alexandria Troad and Mount Ida. He afterwards repaired to Constantinople, and returned to Europe by the Bosphorus and Black Sea. I give you thus the principal points merely of his itinerary. I have learnt from him, in conversation, that he was brought into contact with some of the diseases peculiar to the countries which he visited, in a way to be enabled to form an opinion of them for himself. His opportunities of clinical inspection and inquiry furnished him with many new and curious facts; and his observations embrace not only the most formidable endemic maladies, but the condition and character of the surgery and medical schools in his route. I trust that he will communicate the whole mass of his notes to some of the American Medical and Surgical Journals. He seems to think that he found as much instruction in his professional capacity, as gratification in his quality of traveller. The American faculty will appreciate the harvest reaped through such regions by such a *confrere*.

Another American physician and surgeon, of like repute, in his division of our Union, Dr. Warren, of Boston, has already carried home from Europe a truly rich and most valuable addition to his great store of professional knowledge, by which, I am sure, our whole country will profit. I wish I could convey to you an adequate idea of the zeal and activity with which that excellent gentleman pursued his researches, and of the impression—as I have chanced to hear of it from good sources—which his merits of every kind left upon the minds of the ablest professors and practitioners of this capital, with most of whom he communed in all their walks and labors. I scarcely need say that the presence and studies in Europe, of American veterans in medical and surgical science and experience, like Dr. Mott and Dr. Warren, are of

inestimable advantage to the professional character and progress of our country. Not that "the art of healing," as practised here, is to be deemed superior or equal to our own in its best estate. These gentlemen and the heads of the British faculty would decide in the negative on that point.

Dr. Mott was allowed, by special and rare favor, to range with an American company through the harem of the Sultan at Constantinople; the ladies, however, being kept out of the walk of the strangers. He admired, greatly, the appearance, character and statesmanship of Mahmoud, who, I presume, may be placed above any other living monarch except Louis Philippe. Modern Athens did not affect the doctor with extreme delight, nor did the "accommodations" in any part of Greece. The people live miserably. He was pleased with the deportment and exterior of King Otho and his queen (daughter of the Grand Duke of Oldenburg) both very young, and he witnessed at a court ball the elegance of Bavarian royalty, embellished by a picturesque variety of Greek costume among the ladies.

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BOSTON, DECEMBER 5, 1838.

BECK'S CHEMISTRY.

DR. L. C. BECK, Professor of Chemistry in the University of New York, has published, or is about publishing, a manual, which Dr. Duglison warmly recommends to students of chemistry. Dr. Beck's reputation is so well known, in connection with this science, in America, that his name alone is a warrant of the value of any production from his pen. In looking back upon the catalogue of scientific books which have appeared in the United States, the last few years, there is an obvious paucity in the department of chemistry. While natural history, surgery, theory and practice, and obstetrics, have kept pace with the progress of improvement, no one seems to have given that devoted attention to this subject which its importance demands. With the death of the illustrious Davy, the momentum which chemistry had acquired has certainly diminished, and the ardor that formerly characterized the cultivation of this useful study, from some unexplained cause, greatly subsided. In the schools of medicine, in which practical chemistry was a leading branch of knowledge a few years ago, it is now regarded only in a secondary light—exciting neither curiosity or surprise. Perhaps one cause of the decline of its former importance in medical education, arises from the incontrovertible fact, that the teachers themselves, as a general rule, are not the most brilliant men in the world. There are exceptions—but it will be admitted that too many chairs of chemical philosophy are occupied by very second-rate professors, who drag through the lecture season as though it were an irksome duty—burning a little hydrogen gas at one lecture, fulminating a grain of gold at another, &c., just to wear away time, and pocket the fee; and thus winds

up the term. Our medical schools require a thorough renovation in this respect. First, more science is necessary; secondly, more energy; and thirdly, the manifestation of a disposition to instruct the students—otherwise, the practitioners who are to be the successors of the present generation of physicians, will know very little of what has been considered of the first importance, viz., a thorough knowledge of pharmaceutical chemistry.

Wistar's Anatomy.—A new edition of this standard treatise is announced by Dr. Pancoast, of Philadelphia. The industry and perseverance of the profession of that city, are worthy of all praise. The old editions of Wistar's Anatomy are still valued—and their accuracy and conciseness of detail is a recommendation. Such revisions and additions as the present editor is qualified, by long experience, to give it, almost insure an extensive sale. It is surprising that some one does not remodel that excellent old system of anatomy by Andrew Fyfe, which in point of accuracy and minuteness, has never been surpassed by any demonstrator, in any age. It is so nearly out of print, that few copies, if any, can be had at the book-stores. The Edinburgh edition, of 1815, in three volumes, octavo, is the last that has come to our notice.

Lectures on the Diseases of the Eye.—Dr. Jeffries is now giving his annual course of practical lectures on the diseases of the eye, in the theatre of the Eye and Ear Infirmary, Green street, which are of a character not to be overlooked either by professional strangers who may be in the city, or by the students of the college. One of the principal advantages of these lectures arises from the fact, that each discourse is illustrated by an actual exhibition of the disease itself. This charity is now so firmly established, that there is always an opportunity of witnessing almost every possible variety of derangement in the organs of vision. Dr. Jeffries has not only great experience, but a thorough devotion to the interests of the institution, which is acknowledged in an enlightened community, where his services and his philanthropic labors are properly appreciated.

Asylum for poor Lunatics in Rhode Island.—Necessary as such an institution has been found to be in many of the other States, no effort has yet been made to provide for this particular class of unfortunates in Rhode Island. In Connecticut, one is evidently contemplated—a committee having been appointed by the last legislature to make investigation, which has produced a document of curious statistical import. Letters were addressed to each town, inquiring the number of insane and idiots entirely supported by the town; the number in part supported; those wholly dependent on charity; the number necessary to be confined, and the manner in which they were confined. Together with these efforts, the sheriffs of counties and the warden of the State Prison were addressed, to ascertain the number incarcerated for crimes. In their report the committee judiciously state that “though the intemperate cannot be justly classed with the insane, still there is the same destitution of moral principle, the same want of self-control, as is ordinarily found in the insane, and the community require the same protection from their

violence, and we believe their restoration practicable, when placed under the same course of moral and medical treatment required for the insane."

State Lunatic Asylum, New York.—From the Prison Discipline Report, we ascertain that the asylum for the insane poor of that State is to be located at Utica, on a beautiful eminence, on the New Hartford road, one mile from the city. A farm of about 120 acres has been purchased, the soil of which is light and dry, and the scenery in the neighborhood very delightful. Preparations are making for building soon, the plans of the edifice having been designed for the accommodation of about 1000 patients. In the Bloomingdale Asylum, during 1837, 254 received its benefits; 50 were cured; 12 discharged improved; 32 discharged at the request of friends; 13 died; 2 eloped; and 145 remained at the close of the year. Dr. Benjamin Odden is now the superintendent.

Diseases of the Eye.—Affections of the organs of vision demand, at all times, the most serious attention and the fullest investigation, and are much too important in their consequences to admit of being trifled with. Errors in the treatment of many other diseases may be frequently repaired by subsequent care and more appropriate applications; but a small mistake with regard to the diseases of the eye, is often irreparably injurious to its functions, and may be succeeded by the loss of sight. From regular practitioners alone, who entertain comprehensive views of pathology, can any important improvements in this department of surgery be expected. How few persons out of the profession are aware of the great danger incurred by committing the care of ocular diseases to the officious zeal of ignorant, though well-meaning private persons, or to the hap-hazard treatment of empirics, who presumptuously boast of curing all the complicated disorders of the eye, by means of their nostrums, although they are avowedly unacquainted not only with the structure, economy and morbid derangements of that delicate organ, but are also equally unskilled in the qualities of those remedies which they employ so rashly and oftentimes with the most melancholy consequences!

Treatment of Varix.—E. H., aged 25, a lady's maid, was admitted into University College Hospital June 21, under the care of Mr. Liston. About six years ago, during the time she was travelling, her left leg became frozen, and was afterwards suddenly exposed to considerable heat, by the limb being immersed in a mash-tub. In consequence of this treatment the veins of the leg became varicose, and the limb flexed at the knee-joint. This state of flexion continued for some time, when it was overcome by main force, and the limb was moved with freedom. She has had recourse to a variety of treatment under various surgeons without experiencing any relief. On her admission the veins of the leg were much enlarged, and there was a small ulcer on the inner ankle.

July 25, Mr. Liston passed eight needles under the principal varices and applied twisted sutures. The ulcer soon healed, and the veins ceased to appear enlarged.

30. Three of the needles were removed to-day; the other five on the 31st. Water-dressing applied.

August 4. The leg bandaged to-day. Went on well till the 16th, when she was discharged cured.—*London Lancet.*

Salicine in Intermittent Fever.—Dr. A. Fiorio has employed salicine in 108 cases of intermittent fever with the greatest success. The highest dose administered was twenty-four grains, and in every case, except two, the disease was immediately moderated by the remedy, and eventually cured.—*Medic. Jahrbücker.*

Medical Miscellany.—In Great Britain and Ireland there are supposed to be about twenty-five thousand practitioners.—Dr. Hamilton's discourse delivered at Auburn, which was noticed some time since in this Journal, seems to meet with considerable friction in its progress through the community. It is admired, and yet condemned. The doctor's sweeping denunciations against phrenology seem to have aroused a whole army of staunch believers in the new philosophy of mind.—Dr. Smith, in the course of a lecture in the Medical College, New York, the other day, related the extraordinary fact that occurred in his practice, of a ball entering the brain and dividing the optic nerves—yet the patient wholly recovered, with the loss of sight only. He also stated that a shaft of a gig entered the anterior part of the chest, passed through and came out on the back; but the reporter forgot to mention whether the sufferer lived or died.—In the time of Boerhaave, a kind of epidemic convulsion became rife in a female seminary at Leyden; when one had a fit, others of the young ladies followed. But this great physician soon put a stop to the disease by having every one who had convulsions punished with a red-hot scourge. Fear, therefore, proved a successful revulsant.—So many physicians, since the commencement of the rebellion in Canada, have become involved in treasonable operations against the government, that the provinces seem in a fair way of being bereft of practitioners.

TO CORRESPONDENTS.—So many papers of considerable length have accumulated, that, contrary to our expectation, we are compelled to defer some of them until another week.

DIED,—At New York, suddenly, Dr. J. R. Peckwith, of the United States Navy. He had just arrived from Mexico.

Whole number of deaths in Boston for the week ending Dec. 1, 28. Males, 15—females, 13.

Of consumption, 2—lung fever, 4—infantile, 2—scarlet fever, 3—disease of the heart, 1—dropsy on the brain, 2—marasmus, 1—palsy, 1—typhous fever, 3—intemperance, 1—teething, 1—fits, 1—croup, 1—old age, 1—pericarditis, 1—stillborn, 2.

MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on Monday, the 18th day of February, 1839.

Anatomy and Surgery, by JOSEPH ROBY, M.D., of Boston.

Theory and Practice of Physic, Obstetrics, and Medical Jurisprudence, by JAMES McKEEN, M.D.

Chemistry and Materia Medica, by PARRER CLEVELAND, M.D.

The Anatomical Cabinet and the Library are annually increasing.

Every person becoming a member of this Institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the lectures is \$50, payable in advance. The lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, Me., October, 1838.

P. CLEVELAND, Secretary.

D. 5—eop6t

ALBANY MEDICAL COLLEGE.

The public course of lectures in this Institution will commence on WEDNESDAY, the 2d of January, 1839, and continue sixteen weeks. The new and extensive College edifice, which has been completed during the past summer, is situated in a central position, and in architectural character, dimensions, and internal arrangement, is admirably adapted to the purposes of medical instruction. The museum of the institution occupies a room fifty feet square, two stories high, with a gallery, and glass cases above and below. It is furnished with an extensive and choice collection of specimens in healthy and morbid anatomy, together with casts, models, plates, and magnified drawings in great variety, and every kind of preparation necessary to illustrate the departments of Anatomy and Physiology, Surgery and Obstetrics. The other departments are provided with ample means for illustration, and with all the apparatus and materials necessary to render the courses full, practical and complete. The Anatomical Theatre, which will be appropriated to all the demonstrative branches, is fifty feet square, with seats for 400 persons, arranged in a circular manner around the area for the lecturer, which is lighted by a large dome and sky-light immediately above it. The dissecting rooms, which are spacious and convenient, will be kept open during the term, under the immediate charge of the Professor of Anatomy, by whom every facility will be provided for the cultivation of practical anatomy and operative surgery.

The Chemical Laboratory and other apartments are large and commodious, and well adapted to the purposes for which they are designed. The course in Chemistry and Natural History will be illustrated by extensive and richly furnished collections in Mineralogy, Geology and Botany, and to some extent in Comparative Anatomy. In Materia Medica and Medical Jurisprudence, as well as in the other departments, it is designed to exhibit as many facts and illustrations as possible, and to render every subject, so far as is practicable, a demonstrative one.

There will be clinical instruction in Surgery and Practice every Saturday during the term, at the hospital connected with the Almshouse, where there will be opportunities of witnessing a great variety of cases and surgical operations. All operations on the poor will be performed gratuitously (if in the presence of the class) during the term.

Degrees will be conferred at the close of the term, and all the powers and privileges conferred by other medical institutions of the State, will be secured to the graduate. The requirements of candidates for graduation are the same as at other institutions.

The lectures in the different departments will be delivered as follows:

Principles and Practice of Surgery, by	- - - - -	ALDEN MARCH, M.D.
Theory and Practice of Medicine, by	- - - - -	DAVID M. REESE, M.D.
Chemistry and Natural History, by	- - - - -	EBENEZER EMMONS, M.D.
Anatomy and Physiology, by	- - - - -	JAMES H. ARMSBY, M.D.
Obstetrics and Diseases of Women and Children, by	- - - - -	HENRY GREENE, M.D.
Materia Medica and Pharmacy, by	- - - - -	DAVID M. M'LEACHAN, M.D.
Medical Jurisprudence, by	- - - - -	AMOS DEAN, Esq.

The price of tickets to all the lectures is \$65. Graduation fee, \$20. Matriculation fee, \$5. Dissecting fee, \$5. Graduates, licentiates, regular practitioners, and students who have attended two full courses of lectures at any incorporated institution, are required to pay only the matriculation fee.

The price of boarding and lodging varies from \$2.50 to \$3.00 per week.

Albany, 1838.

O31*

J. H. ARMSBY, *Dean of the Faculty.*

DR. JACKSON'S REPORT.

A REPORT on the cases of Typhoid Fever, which occurred in the Massachusetts General Hospital from the opening of that institution in September, 1831, to the end of 1835. By James Jackson, M.D., late Attending Physician in that hospital. Highly recommended in the American Journal of Medical Sciences, and in Dunglison's Medical Library. Published by

Nov 21—31

WHIPPLE & DAMRELL, No. 9 Cornhill.

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct 31—eptf

FOR SALE,

WITHIN thirty miles of Boston, an estate now occupied by a physician, who is about to leave the place. It will be sold at cost, which is between 2500 and 3000 dollars. The practice is a valuable one, as can be satisfactorily shown to any applicant. For name and place, inquire at this office; if by mail, post paid.

Nov 21—31

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 134 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIX.]

WEDNESDAY, DECEMBER 12, 1838.

[NO. 19.]

COMPLIMENTARY DINNER TO DR. JAMES JACKSON AND DR.
JOHN C. WARREN.

WE alluded, in the Journal of Nov. 14th, to the tribute of respect and esteem recently paid by the members of the profession in this city to two of their distinguished brethren. Having been disappointed in our hope of receiving an *official* account of the proceedings upon this unique and interesting occasion, we are thrown upon the vague and indistinct traces left upon our own imperfect memory, and such aid as could be obtained from other sources; which, though freely tendered us, is necessarily limited and incomplete. Every one, indeed, seems to have been too thoroughly engaged in the enjoyment of the scene to have retained much recollection of the mere details. We attempt the following sketch, therefore, not with a hope of faithful relation, but with a strong desire of preserving some slight record of an event, to which we of to-day may hereafter refer those of to-morrow, and of teaching those who are not of us nor among us, that there are seasons, when in spite of the prejudices, jealousies, enmities and uncharitableness, with which the followers of our art are reproached, we meet and mingle as those should meet who are engaged in the same honorable, useful and noble work.

The absence of Dr. Warren during the past year is known, we presume, to most of our readers. During this period he has been zealously engaged in the acquisition of new stores of knowledge, and in gaining, by the influence of his personal and professional character, additional respect for American medical science. Having recently returned and resumed his duties as teacher in the School of the University, and Surgeon of the Massachusetts General Hospital, it was felt that some public testimonial should be offered him in recognition of his private worth, professional character and public services. If it gladdened the profession throughout the country, that one of their number was worthy of equal fellowship with the most distinguished of other lands, it was the pride of Boston physicians that this one was a brother. Nor could they forget, while estimating his well-earned fame, that there dwelt with them another claimant upon their gratitude, respect and love. It was resolved, therefore, to invite Dr. James Jackson and Dr. John C. Warren to meet their professional brethren at the Pavilion, on the evening of November 8th, 1838. In accordance with this resolution, the following invitation was sent to each of these gentlemen by the committee appointed for the purpose.

Boston, October 28th, 1838.

DEAR SIR,—A number of the members of the Boston Medical Association, desirous of testifying their respect and esteem for Dr. J. Jackson and Dr. J. C. Warren, and their sense of the valuable services rendered by them to the profession, have appointed us a committee to invite you to a dinner on Thursday, the 8th of November. In the hope that you will accede to the wishes of the profession on this occasion, we remain, respectfully, yours,

EDWARD REYNOLDS,
ENOCH HALE, JR.,
D. HUMPHREYS STORER, } Committee.

To this invitation the committee were gratified by receiving the annexed replies.

Pemberton Square, Oct. 29th, 1838.

GENTLEMEN,—I have received your note of yesterday, inviting me, in behalf of a number of the members of the Boston Medical Association, to a dinner with them. My professional brethren of this city have given me so many evidences of their kindness and good will, that I needed nothing more on that score. I receive, however, this unexpected attention with the warmest gratitude, and shall comply with the invitation you have given me with very great pleasure. I am, gentlemen, very respectfully, your obedient servant,

JAMES JACKSON.

To E. Reynolds, M.D.
E. Hale, Jr., M.D.
D. H. Storer, M.D. } Committee.

Park Street, Oct. 29th, 1838.

GENTLEMEN,—While I am unconscious that my labors deserve so high a reward as you are pleased to offer, I confess that nothing could be so gratifying to me as the approbation of my professional friends. It gives me, therefore, the greatest pleasure to accept the invitation to a dinner on the 8th November, and I beg you would express to the gentlemen whom you represent, my strong sense of the honor bestowed on me. Very respectfully, Gentlemen, your friend and servant,

JOHN C. WARREN.

To E. Reynolds, M.D.
Enoch Hale, Jr., M.D.
D. Humphreys Storer, M.D. } Committee.

On the evening appointed, seventy gentlemen, with their guests, met at the Pavilion, and partook of an elegant, tasteful and abundant entertainment, at which Dr. Jacob Bigelow presided, assisted by Drs. E. Reynolds, E. Hale and D. H. Storer. The cloth having been removed, the President introduced the special object of the occasion with the following appropriate remarks:—

Gentlemen,—It is an unusual occurrence for the members of the medical profession, in any city, to come forth by a spontaneous impulse, to pay the tribute of their respect to individuals, however distinguished, of their own fraternity. The present occasion affords a gratifying testi-

monial of the harmony which exists among the physicians of our own city, as well as of the elevated character and high worth of those in whose honor we have assembled this evening.

We have invited two of the members of our profession to partake with us the festivities of this occasion, not because they are our seniors in standing, not because they have lived and labored among us for the third part of a century; but because we feel ourselves to be largely their debtors, for the improved state of our social and professional intercourse, for the improved condition of our public institutions, and for the advanced state of medical education and science among us.

It is the distinction of the city of Boston that a free, friendly and gentlemanly intercourse exists among the regular and educated members of the profession, such as is hardly met with in any other city in this country, if, indeed, in the world. That this harmonious state did not always exist, some of us are old enough to remember. That it now exists, is owing mainly to the Boston Medical Association, an institution originally framed and perfected out of dissimilar and discordant materials, in a great measure by the efforts and perseverance of those who are now our guests. That the standard of medical education has been kept up among us, and that practitioners throughout the Commonwealth have been induced to seek for the regular and honorable distinction of being members of a society formed for the mutual good, is another result, to which their labors have essentially contributed. That we have a spacious and well-arranged hospital, in which the knowledge of disease can be extended and the subjects of it relieved, is almost wholly attributable to their untiring and effectual exertions. These things, gentlemen, and more, do we owe to them. If, then, any one should inquire what these men have done for which they are entitled to our grateful remembrance, now and ever, I would answer in the words of the epitaph on the builder of St. Paul's Cathedral, "If you seek for a monument, look around you."

And first in order, gentlemen, I would say to him who is the senior of our guests, that we welcome his presence among us this evening, as that of an old and familiar friend, to whom we have long been accustomed to look for counsel in our doubts, and support in our perplexities. None of us have met him at the bed-side of sickness and not felt that we were instructed; none of us have gone away from the interview, and not thought the better of our profession. We gladly extend the hand of congratulation to one, to whom, while others have conceded much, himself has assumed nothing; and who, with an eminence and influence rarely attained among us, has been always courteous, always honorable, and always just to the claims of others. I am sure, Gentlemen, that you will all unite with me in greeting—

Our excellent and distinguished senior guest—the more esteemed, that he has been the longer known—of whom and in whom we would make no change.

After the hearty applause, which marked the reception of the sentiment offered by the chair, had in some degree subsided, Dr. Jackson, evidently suffering from indisposition which rendered it difficult for him to

speak, expressed his acknowledgments for the manner in which his name had been mentioned. Knowing that it was the general wish of the profession that a welcome should be extended to his respected friend, on his safe return, he felt indebted to their kindness for allowing him a share in the complimentary congratulation: though he regretted that physical inability prevented him from testifying his pleasure more satisfactorily. Dr. Jackson then sketched rapidly the profession as it was at the date of his entrance upon it—the most prominent men in its ranks at that time—the changes that had taken place in the modes of practice, professional intercourse and acquirements. He believed that in all essential points, the profession in Boston presented an enviable degree of professional harmony and union, and proposed the following sentiment:

The Boston Medical Association—may its members always continue to be distinguished by mutual forbearance, respect and good will.

We are conscious how imperfect the details of a report must of necessity be—but the very meagreness of our abstract will by contrast recal the great pleasure occasioned by the original. To no part of the proceedings will this remark apply so forcibly as to the interchange of courtesy which followed the annunciation of the preceding sentiment. It was thus begun by Dr. Reynolds, one of the Vice Presidents.

“The spontaneous expression of good feeling, Mr. President, elicited by the well-deserved compliment to our senior guest, and by the renewed manifestation of the personal and professional kindnesses we have all received at his hands, in the remarks to which we have listened with such pleasurable satisfaction, were, I am bound to say, but the outpouring of full hearts and the utterance of truth-speaking lips: and, looking onwards as years and generations roll away, I can anticipate none when his name shall cease to be regarded by Boston physicians with respect and affectionate recollection. Whatever of courtesy, or kindness, or brotherly love, we have towards each other—and in the profession of our city I am happy to say there is much—you have truly attributed mainly to his example and exertions. But in prolonging the grateful vibrations of the chord to which our hearts have so freely responded, I am wandering from the intention with which I arose. It was to call your attention to another, worthy to share in the meed of honor due those who contribute to the advancement and improvement of the medical profession. I need not name him. It is a time-honored name—identified with the cause of freedom and of science. It was borne by one who, we all know full well, in the ardor of his devotion to liberty gave his life when life was at its highest worth. It was borne by another as worthy and as devoted—who in the armies of his country, while she needed him, rendered his utmost aid, and relaxed not his efforts nor checked his zeal when called to labor in a more private sphere. As the founder of the medical school, and for years a successful and brilliant teacher, we owe him much: how much, they alone can tell who remember the unmatched felicity with which he communicated knowledge. It should afford us gratification that to such a man there has succeeded one able to sustain and add to the reputation he has inherited, willing

and able to contribute so largely to the great cause of medical improvement. To his efforts we are indebted, in conjunction with his respected colleague, for a well-ordered hospital, where the student can learn not only by the lessons of others, but by the still more valuable medium of personal observation; and where the older practitioner, whose early opportunities of gaining knowledge were comparatively stinted, may avail himself of all the improvements developed by the rapid progress of modern science. This obligation is still increasing, and the professional zeal which created it is still urging him onwards at a period when a long course of unremitted labor would seem to demand relaxation, if not complete repose; a zeal which, amid the allurements of foreign lands, could convert a tour of pleasure into an occasion of common profit to us all, by the respect gained for the American medical profession, by the surgical improvements introduced among us, by the beautiful and valuable preparations which, at great expense, he has added to our anatomical museum—a collection destined to remain another imperishable monument of munificent liberality, public spirit and professional zeal.

Mr. President and Gentlemen, permit me to offer you—

Our Junior Guest—the accomplished anatomist, the able teacher, the distinguished surgeon—combining the energy of youth with the experience of age. On his return among us, we extend to him a cordial welcome.”

We shall not attempt even an outline of Dr. Warren’s reply. Those who heard him will long remember the pleasure with which, for an hour or more, they listened to the graphic sketches of foreign scenes and character, of the condition of science, of the profession, and of many other objects which met his observing eye; and, above all, they will recal with pride his earnestly expressed conviction, that nowhere in all Europe, or all America, was there more unity of purpose, professional honor, and kindly intercourse, than in our own beloved city; a conviction, as he remarked, which, though he had received much kindness and many attentions elsewhere, was founded not only upon the proceedings of the present occasion, but also upon long-continued previous personal experience. It was a tribute the more valued, that it was unreservedly paid by one fresh from the fascinating influences of foreign travel—and, we may also say, from the consciousness that it was so truly merited. After repeatedly yielding to the unanimous calls to proceed, which his fears of trespassing upon the patience of his auditors called forth, Dr. Warren concluded with the following sentiment, in which is embodied a whole code of medical ethics.

Our Profession.—Justice to our patients—good will towards each other.

Dr. Warren having resumed his seat, Dr. Storer addressed the chair. “Meeting as we do this day, Sir (he remarked), to offer a willing tribute of respect and esteem to our distinguished associates, some of the remote causes which have tended to produce this unity of purpose, naturally present themselves to the mind. It would be an extremely gratifying duty to review the past, and to dwell upon those incidents which, connected, have associated us so closely together—which urge us to ad-

vance the prospects, to sustain the reputation, and to rejoice at the success of each other. This duty, however, I shall not attempt to perform, but would merely revert to that link in the chain which, to me, appears to have been the strongest—to which, more than to any other, we can look, as a profession, for our present enviable condition, and beg leave to offer—

The Massachusetts Medical Society;—for more than half a century it has exerted an incalculable influence upon professional education and professional character. It will continue to be what it ever has been, so long as it can claim the services of such men as its present enlightened, munificent and respected President.”

Dr. Shattuck, President of the Society, briefly and happily acknowledged the compliment. We regret having no notes of his very appropriate remarks and toast.

It was a striking peculiarity of the meeting that it was composed of middle-aged and young men; and the peculiarity marks the profession in this city. There is not, we believe, a septuagenarian on the catalogue of the Association. A very large proportion of its members was unborn at the period when those who were now their honored guests entered upon their professional career; and we could not but be struck, while looking around, by the remarkable disproportion between the raven and the silver hair. It was probably the same remark that elicited the prelude to a toast by Dr. Hale. He concurred entirely in all that had been said by his friends who had preceded him. He rejoiced, however, that in doing justice to the merits of our elders in the profession, we were not obliged to exclaim—“We ne’er shall look upon their like again.” He could not, indeed, look about him without feeling assured that there never will be wanting a body of men well fitted to carry forward the institutions we have received from our predecessors, and to maintain and increase the respectability and usefulness of our profession.

He did not intend, in these remarks, to pass over the occasion which brought us together. If the Roman matron might proudly point to her children as her brightest jewels, the teachers of medicine might, with no less propriety, refer to their pupils, especially to the pupils of their maturer years, as the fittest exhibition of the character of their instructions, the influence of their example, and the tendency of the institutions which they have cherished. And where, Sir, can such an appeal be found to yield a more flattering testimony than is presented by the younger part of this community of physicians. Passing by those to whom a sprinkling of gray hairs gives unwelcome admonition of advancing years, we behold a body of young men devoted to the pursuit of medical knowledge, with a zeal and energy, and at the same time with a spirit of harmony and concert, alike honorable to themselves, and to those, whoever they may be, from whom this spirit has been transmitted. The cultivation of science has produced its legitimate effects by banishing discord and increasing mutual confidence and good fellowship. It need not be said, that while such continue to be the leading objects of pursuit, while professional merit is regarded as the chief means of professional distinction, our profession will not fail to secure its full share of

favor. He would conclude the remarks which had extended beyond his design, by proposing—

The Young Men of the Profession.—Their zeal and industry, with their liberal sentiments and good fellowship, shall make them wiser than their teachers—may their success be as signal.

Dr. O. W. Holmes responded to this sentiment, on behalf of his junior brethren.

Dr. Holmes remarked that he was receiving hints, both audible and sensible, to reply to the sentiment of Dr. Hale. That sentiment must be indeed grateful to the younger members of the profession, of whom he for the moment stood as the unworthy representative, for the distinction between age and youth had been no where more rigidly enforced than among medical men, from the remotest times. The reverend attributes of age had been considered alike essential to the bard and to the physician; the white beard descending upon their bosoms, and the hoary locks that

“Streamed like a meteor to the troubled air,”

being among the most indispensable qualifications for their calling. It was perhaps well that more recent times had relaxed somewhat in their exactions upon this point; the academies and colleges of London and Paris, indeed of all the more important scientific centres, being disposed to welcome all who dare enter the lists of knowledge, at whatever age, and the publishers of Blackwood's and Bentley's showing a similar indifference to the epoch of existence at which their first-rate articles are written.

Still it is too often true, even now, that the young man is allowed to become gray in his profession before he is considered to have arrived at the adult age. Like some of our great vessels in the navy yard, after infinite time and labor have been expended in fitting him for action, he is left idle upon the stocks, until his seams are all gaping, and he would hardly be found seaworthy if he were launched. And therefore we, who are coming forward and asking ardently for our places to fill and our duties to perform while the strength and the freshness of the morning is upon us, would welcome with delight the growth and the expression of that cordial feeling which tends to unite all ages in the pursuit of a common end. It might, perhaps, become our years to shrink with maiden modesty from the sentiment just conveyed; to fold our arms upon our breasts like ingenuous adolescents, and receive the honorable notice of our elders in silence. But as it not merely conveys a feeling, but also contains a principle, we would rather meet it with open hand and accept the tribute which it offers; not so much as individuals forming the younger section in a little medical republic, almost unrivalled for the harmony which pervades all its divisions, as because in the great commonwealth of science there is no real distinction depending on outward shapes and symbols.

Dr. Holmes then gave the following sentiment :—

The age of the followers of truth; to be estimated not like that of the rocks, by the gray moss at its summit or the crumbling fragments

at its base, but like that of the oak, by the ever-expanding and multiplying circles of intellectual growth and development.

Dr. Peirson, of Salem, was next called out by an exceedingly neat and pointed toast from the chair.

Following him Drs. Ware and Channing made appropriate replies to the sentiments announced by the President, of which we are sorry to have no record.

On a requisition from the President, Dr. Storer gave

The Medical School of Maine—most fortunate in possessing a *Joseph* able to interpret all the mysteries which may be referred to him.

Dr. Roby acknowledged, in a few words, the compliment, in behalf of the institution with which he is connected.

The gratification of the company was not a little increased by several glees and songs from different gentlemen, among which two original songs by Dr. Holmes were pre-eminently applauded; one of which gave rise to the following remarks by the Chairman, who observed that the pleasure we have derived from the song we have just heard is in some measure qualified by a knowledge of the fact that a literary institution in a neighboring State had been forming plans to abduct its author from among us. Dartmouth College, if I am rightly informed, is an institution originally founded for the purpose of educating the Indians. I have not been told how far its venerable founders succeeded in their laudable efforts for inducing the natives of the forest to attend to the study of the dead languages, as a substitute for the pleasure of scalping their dead enemies. At any rate, we have good reason for believing that the State of New Hampshire is now in a much more civilized condition than before the foundation of Dartmouth College. But while the superintendents of that seminary have conferred so many benefits on the aborigines, they have themselves imbibed so much of the true aboriginal taste, as to have become ambitious of placing a feather in their caps obtained from one of our most brilliant songsters. We trust that the separation may be but for a season, and in the meantime we will join in a toast to the honor of

Dartmouth College.—She has persuaded distinguished chiefs to lay down the scalping knife, and distinguished physicians to take up the scalpel.

Dr. Holmes observed, in reply, that the President had very kindly remembered one of the scholars who had become a teacher: he would propose

The Teachers, who should always remain scholars; in exchanging the bench for the chair, let them beware lest they make its back too high, its seat too soft, its arms too ample; remembering that it is better to listen well from a pine plank, than to teach ill from a velvet cushion.

But we are reminded that this sketch is exceeding its proposed dimensions; and that as it extends, its incompleteness becomes more visible. Checking all farther effort at recollection, we finish with a single sentiment, which points out the source from which all the pleasure of the occasion sprung:—

“That peculiarity which distinguishes the physicians of Boston from

those of every other city ; which upon all matters of vital importance, whether relating to their own institutions or to the interests of the community, unites them as one man : *mutual respect—mutual confidence—harmony of principle.*”

CASE OF WORMS.

BY PHINEAS SPALDING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

MRS. S., after having been treated three years for dyspepsia, liver complaint, hysteria, spinal irritation and leucorrhœa, came under my care Nov. 3d, 1826, with the following symptoms. Great debility, barely able to walk about ; emaciation ; skin dry, with frequently a red spot upon one or both cheeks ; countenance generally pale ; upper lip considerably swollen ; tongue slightly coated, edges red ; gums soft and spongy ; breath offensive ; a slight cough, but no expectoration ; appetite irregular, at times quite craving ; bowels tumefied, generally costive ; dejections bilious, at times clay colored, and the fæces occasionally were improperly digested.

There was painful menstruation, with a constant leucorrhœa, mostly of the milky character. Urine was high colored, dark and scanty, at times large quantities and perfectly colorless. Pain in the head, back and limbs, alternately ; spine tender its whole length, but very much so over the lower dorsal vertebra. Pulse feeble, very easily compressed, and not accelerated ; nervous system very excitable, and a fixed apprehension that no remedies could be adapted to her case. She had been bled, cupped, blistered, physicked, had caustic issues to the spine, used female injections, and, in short, almost exhausted the materia medica for remedies, to no purpose.

After taking into consideration the whole history of the case, I came to the conclusion that worms might be the exciting cause of all her difficulties. Gave her one and a half ounce of the spirits of turpentine, followed the next day with a large dose of calomel and jalap, which brought away more than one hundred lumbrici, after which she took large doses of Caroline pink, followed by an infusion of senna and sulphate of magnesia, with occasionally the extract of butternut. In the course of three weeks about as many more were discharged, some of which were enormously large for this variety of worms. Her unpleasant symptoms immediately abated, and in a few weeks she resumed her ordinary labors, considering herself quite well, until March last, when she took a violent cold and had a most severe cough, with some fever and much stricture upon the lungs, but no pain or soreness about the chest. She had had a leucorrhœa for some weeks, and the spine had become somewhat tender on pressure.

After being bled a few times, applying a blister to the chest, and other remedies commonly used in diseases of the lungs, her fever abated and breathing became easy, but the cough continued unabated, and was

but very little affected by what had been done. Presuming that worms might have a controlling influence, she resorted to her former course, took spirits of turpentine, calomel, Caroline pink and senna, as before, and in a few weeks discharged over one hundred very large lumbrici, after which her cough immediately abated, bowels became regular, leucorrhœa ceased, and she has since remained perfectly well.

There appears to be in her constitution a peculiar disposition for the generation of worms, and it is highly probable that they will collect again. In children this is a common occurrence; but in adults, worms in the alimentary canal are rare, and when once removed the patient is generally ever after free from them.

This case throws some light upon what is commonly denominated spinal irritation. It has been considered by some writers, and many good physicians, that this disease arises from irritation at the origin of the nerves of the spine, transmitted to the several organs to which they are distributed, exciting in them all the symptoms of idiopathic disease. However true this may be in certain instances, it is more than probable that in the great majority of cases the irritation is in the mucous membrane, transmitted by direct sympathy to the spinal marrow and origin of the nerves. The little success in the treatment of so many cases of neuralgia is probably owing to inattention to the digestive organs, and not discriminating between those cases which depend upon derangement of the nervous trunks and spinal marrow, and those which result from continuous sympathy, kept up in a great measure by irritating causes operating upon the delicate and susceptible tissue of the alimentary canal. We also see illustrated very clearly the intimate relation one portion of the mucous membrane has with the others. The cough, leucorrhœa, strangury, irregular urine in quantity and quality, without doubt arose from the irritation produced by the worms.

Irritation in the bowels not only manifests itself by deranging the organs directly affected, but frequently excites in parts far remote a sympathetic action, which is often mistaken for the primary disease. This is peculiarly the case in many cutaneous affections.

Boston, Nov. 29th, 1838.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 12, 1838.

THE COMPLIMENTARY DINNER.

WE refer our readers to the body of the Journal for an account of the recent professional dinner. We should hardly have ventured to publish it at this late date, had we not committed ourselves by an express promise to that effect; and were it not for the strong desire expressed by some of our friends that some notice should be taken of the event. We may add to these inducements a wish to meet the sneers and doubts

thrown out in some quarters (not in our own city), as to the spirit in which the occasion originated and was conducted. We can assure all who have need of such assurance, that the feelings manifested were but the same feelings which regulate the every-day intercourse of the physicians of Boston—whose rules of duty and honor are universally recognized and revered. We have been governed for thirty-two years by a liberal and just code of professional law, and are now reaping its benefits; benefits which include a degree of harmony, of forbearance, of good will, of charity and conciliation, which no other similar body can at present claim, but which all may earn who choose to be guided by our motto—"SUSTINE ET ABSTINE."

Filling Decayed Teeth.—Can a solvent be found for some hard substance, like quartz, for example, which, when introduced into a hollow tooth, will speedily harden, by the evaporation of the fluid which held it in solution? For a chemical discovery of this kind, which shall meet the approbation of a committee of respectable, scientific dentists, either in Boston, New York or Philadelphia, at the expiration of one year from the time the preparation is first used on a carious tooth, completely restoring it to primitive usefulness, the editor of this Journal is authorized to present the discoverer with *three hundred dollars in cash*, and a highly finished copy of *Ree's Cyclopaedia*, in *forty quarto volumes*—provided the method is faithfully explained, and all right and title to it is relinquished to the gentleman offering the premium, to be made public for the general benefit of society, or not, according to his own option.

Artificial Mineral Teeth.—Dr. Tucker, an operative dentist of this city, who has long been associated with Dr. Harwood, the ingenious constructor of a mineral nose, of which so much notice was taken about a year ago, has made an improvement in the manufacture of artificial mineral teeth, which is very deserving of notoriety. In those cases in which an entire set for the jaw is required, the teeth are made in blocks of two or three together, with a most perfect imitation of the gum. These are fitted by a broad base on a grooved plate of gold, in a way to be much firmer and more serviceable than by any method now generally pursued. The imitation is complete, and bears close examination. Another advantage over the ordinary process of fastening the teeth to the plate by perpendicular pivots, arises from the circumstance of having them riveted horizontally within the groove, which wholly prevents them from becoming loose or being forced from their place in mastication. We were present, the other day, when a lady, utterly toothless, had a double set, about thirty in number, embracing both the front and grinding teeth, beautifully wrought on this new plan, first introduced into the mouth. Never did we witness a more striking metamorphosis—from hollow cheeks, retreating lips and shortened face, the index of age, the entire expression was instantaneously changed to the fulness of youth. The lady laughed, as well she might, exhibiting such pearly rows as Cadmus would select, were he to sow a second crop. So perfect were they, both as it regarded the appearance and functions of the new organs, that no person unacquainted with the circumstance would ever suspect them to be the handywork of art.

Dr. Hosack's Lectures.—Some pretty severe remarks have been made in conversational circles on the volume recently sent forth by the Rev. Dr. Ducachet. It should be borne in mind that the compiler labored under many disadvantages, and expressly tells the reader in the preface, "that he must have heard and seen the man, to understand what he was in the lecture room." No disposition has been manifested to write it out of being here, and we trust it will not be the case anywhere. It is certainly a pleasant work, always instructive, and a thousand times superior to the cargoes of medical trash which have been elaborated since the death of the lamented author. Before condemning it, it is advisable to give it a reading; and let those who can do better, throw the first stone.

Dr. Morton on American Skulls.—A second series of specimen plates were received from Philadelphia, the last week, which show both the fidelity of the artist in copying from nature, and the success of the lithographic press in that city. It was the intention of the author to have completed the illustrations, and placed the volume in a finished condition in the hands of subscribers, about this time; but owing to the impossibility of procuring proper assistance to accomplish the drawings within the period originally proposed, and being unwilling to send forth a great national monument of individual research, imperfectly executed, he has concluded to defer the publication till next July. This is judicious in Dr. Morton; he had better take to himself another entire year than force it through the press in an unfinished condition. The ground is emphatically his own; and, what is still better, there is no fear of a competitor, if the production in the sequel actually meets his own approbation:—when he is satisfied with his own labor, the public will be also.

Hospital Operations.—The inquiry is frequently made, why the journals do not make more frequent observations upon hospital practice in the great cities? In the first place, it is literally impossible to collect the details of all the operations; and moreover it would not always prove so instructive as imagined, even were it perfectly easy to obtain the necessary information. Hospital, like private practice, is characterized by periods of repose, in which there are no striking cases—nothing of marked interest to the general reader. Whenever there are extraordinary events, anything out of the common course, which promises to be of utility to others in the way of precedent or authority, so far as we are individually concerned, no pains are spared in collecting every jot and tittle of the matter. Again, all professional men are not operative surgeons, nor do they so delight in vivid accounts of compound fractures, skilfully amputated limbs, or long descriptions of the topography of tumors weighing forty pounds, as to eschew all other kinds of medical reading. In a word, all tastes are to be gratified, but none should be surfeited.

A Missionary Physician.—In consequence of the ill health of Dr. Grant, often referred to in this Journal, he has been obliged to leave the City of Ooroomiah, in Persia, and will establish himself hereafter among the Nestorians, on the western side of the Koordish mountains, in Mesopotamia. The Commissioners for Foreign Missions, therefore, wish to

procure a physician to take the place of Dr. Grant, the ensuing spring. A medical man, of suitable qualifications, desirous of travelling over one of the most interesting parts of the old world, under the auspices of the Foreign Missionary Society, would, perhaps, never have a better opportunity. He should possess good health, good address, great prudence, an aptitude for giving instruction, be well acquainted with his profession, and, lastly, says the Herald, of "devoted piety." A physician is also wanted, by the same board, for a mission in Syria. Letters from applicants should be addressed to the *Secretaries* of the A. B. C. F. M., Missionary Rooms, No. 28 Cornhill, Boston.

Osteo-Sarcoma.—A pamphlet of eight pages, entitled "A Case of Osteo-Sarcoma, with remarks addressed to Valentine Mott, M.D., by Dr. E. H. Dixon," has reached us—which goes on to say that a gentleman of the nervo-sanguineous temperament, three years ago, fell through a trap door and alighted astride a beam, six or eight feet below. A tumor was developed in consequence, under the superior attachment of the gracilis muscles of the right side. The patient was subjected to the Homœopathic treatment till he was weary of doing nothing, and finally, on the 16th of October, had it removed by Dr. J. K. Rodgers, between the hours of 11 and 1—in presence of the author, it is presumed. Whether the man lived or not, the pamphleteer forgot to mention—so that the atmosphere of the report is too murky for us here at the North. On the whole, we do not distinctly understand the object of this mode of drawing up a case, unless it be to notify the good citizens of New York that the author resides at No. 13 Mercer Street.

Westminster Hospital.—Sir Anthony Carlisle, the senior surgeon of the Westminster Hospital, has made a gross blunder in certifying to the decided insanity of one Thomas Holmes, whom he recommended the governors of the institution to have removed to a lunatic asylum, when, in fact, the patient, who entered in consequence of a severe injury of the wrist, had nothing more or less than delirium tremens. The certificates of two medical men, in England, will deprive any one of her majesty's subjects of liberty, tear him from his own fireside, and consign him to the society of madmen, a straight jacket, and the control of a keeper of a lunatic prison. A physician cannot be too careful in giving an opinion upon a subject so delicate as that of deciding upon the sanity or insanity of an individual with whose history he has not been long and familiarly conversant.

Bad Effect of the Reflection of Strong Light upon the Eye.—Case. A lady from the country, coming to reside in St. James's Square, was afflicted with pain in the eyes, and a decay of sight. She could not look upon the stones when the sun shone upon them, without great pain. Her eyes, which had been accustomed to the verdure of the country and the green of the pasture grounds before her house, could not bear the violent and unnatural glare of light reflected from the pavement of the streets. She was advised to place a number of green plants in the windows, so that their tops might hide the pavement. She recovered by this simple change in the light, without the assistance of any medicine, though the eyes before were on the verge of blindness.

Puzzling Differences in Results.—The following fact manifests the care which is required in conducting scientific investigations, and the caution with which peremptory opinions should be pronounced in the early stages of an inquiry. Caoutchouc, or "Indian rubber," cannot be dissolved either in water, alcohol, any acid, or any alkali, but it is soluble in *ether*. Macquer, in 1767, pointed out this latter fact, which Berniard afterwards attempted to put to the test, subsequently declaring that Macquer had erred, for that caoutchouc was scarcely soluble at all in sulphuric ether (which Macquer had used), and that even nitric ether did not perfectly dissolve it. This difference of announcement was singular, each chemist being remarkable for powers of observation and a character for accuracy, and his acquaintance with the subject examined. But Mr. Cavallo discovered that the truth apparently belonged to both; that Macquer was quite right, while Berniard was not wholly wrong. He found that ether, when *newly prepared*, seldom or never dissolved caoutchouc completely, but that if the ether was first washed in water it dissolved caoutchouc with facility. The washing of ether, says Dr. Thomson in his "Chemistry of Organic Bodies," deprives it of a little alcohol, with which it is often impregnated, and adds to it a tenth of water. Alcohol will precipitate caoutchouc from this solution. —*London Lancet*.

Abdominal Inflammation during Pregnancy.—Mr. Wilkinson, of Aspatia, informs us, that since his recent communication was made to the *Lancet*, in which he pointed out the advantage and utility of employing mercury, and the safety of administering cathartics in abdominal inflammation occurring during pregnancy, he has treated a similar case in a woman not pregnant, where the mucous membrane of the bowels was involved, and the disease yielded to copious depletion, fomentations, warm oily enemata, and a combination of calomel, opium and ipecac., in small doses, frequently repeated. The disease quickly subsided after the mouth became affected with the mercury, and the woman has quite recovered.—*Ibid*.

New Tincture.—The absence of education among many of the dispensing chemists frequently leads to awful mistakes. It is not of so much consequence when jalap is simply mistaken for rhubarb, but when laudanum is replaced for syrup of poppies, or stavesacre sold for jalap, and oxalic acid for Epsom salts, the error is more momentous. Sometimes the blunder is only laughable. A "chemist" had lately a prescription to prepare, in which, after a certain infusion was ordered, there came the words, "Tincturæ ejusdem." But he happened not to have a morsel of "Ejusdem" in the house, either in tincture, powder or infusion, though his shop was filled with bottles and drawers, and fitted up as fine as a gin palace. He therefore promptly sent to Messrs. Godfrey & Cooke, for a small quantity of "Tincturæ Ejusdem," not doubting that every tincture in the world was to be had there, whether "*that same*," as Pat would say, or some other.—*Ibid*.

Lithotritry in a Child.—It has been asserted upon high surgical authority in this country, that the operation of lithotritry is not applicable to

cases of urinary calculus occurring in the child. The experience of some of the French surgeons is completely opposed to this doctrine.

M. Segalas lately presented to the Royal Academy of Medicine a boy nearly five years of age, whom he had operated on with success for vesical calculus. This child was weakly and affected with rickets, and did not appear to be more than two and a half, or three years of age. He was the oldest child amongst ten, upon whom M. Segalas had, as yet, operated. The calculus, in this case, was a large one, being an inch and a quarter in diameter. Twelve sittings were required to break it up, and on three different occasions fragments of the stone became arrested in the bladder. Notwithstanding these unfavorable circumstances, the boy was completely cured, and in the interval of the sittings was able to run about and play with his companions. On the whole, M. Segalas declares, as the result of his experience, that whenever the instrument can penetrate to the foreign body, the operation of lithotripsy, like that of lithotomy, presents the more chance of success in proportion to the youth of the patient.—*Gazette Med. de Paris.*

Medical Miscellany.—Smallpox is rife in Halifax and Henry Counties, Virginia.—Dr. S. Forry, Assistant Surgeon of the 3d Regiment, has accompanied the troops to Florida.—There is a child in the town of Scituate, Mass., between 10 and 12 years of age, who was born without either legs or arms, with the single exception of a little member resembling a part of a finger, with the first joint, on the left shoulder, with which it can open a box or pick up a cent. He rolls himself about like a ball, with facility; has a good countenance, good health, and an intelligent mind, constantly improving at school.—It is mentioned in Eliot's Travels, that when a person in Poland is bitten by a mad dog, a minute examination is made, after a day or two, for certain light, small, red pustules under the tongue, which are cut out, caustic applied, and the American Consul asserts that the cure is then complete.—Amongst other strange things, it is asserted that a dash of cold water over the head will arrest, for a considerable time, the poisonous effects of prussic acid.—On the night of the 27th of November, an Irish woman gave birth to a stout child, at the House of Correction, in this city, while asleep in her cell, and positively declared that she knew nothing about it until awaked by the infant's cries. When the door was opened by the watchman, the prisoner came out and walked up three flights of stairs to the hospital, though feeling quite well.—Smallpox has appeared at West Essex, in the State of New York.—Dr. Warren's Surgical Observations on Tumors, which was favorably noticed by the foreign medical periodicals, has been re-published in London, in royal 8vo.

Whole number of deaths in Boston for the week ending Dec. 8, 37. Males, 17—females, 20.

Of consumption, 8—fever, 1—hæmorrhage of the lungs, 1—dropsy on the brain, 1—infantile, 3—lung fever, 1—scarlet fever, 2—typhous fever, 2—marasmus, 1—burn, 2—intemperance, 1—slow paralysis, 1—brain fever, 2—inflammation of the lungs, 1—croup, 1—old age, 1—fits, 1—convulsions, 1—tumor, 1—jaundice, 1—child-bed, 1—inflammation of the bowels, 1—stillborn, 3.

FOR SALE,

WITHIN thirty miles of Boston, an estate now occupied by a physician, who is about to leave the place. It will be sold at cost, which is between 2500 and 3000 dollars. The practice is a valuable one, as can be satisfactorily shown to any applicant. For name and place, inquire at this office; if by mail, post paid.

Nov 21—31

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. Oct. 25.

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafield, M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 3.

lyreop

LOWE & REED,

24 Merchants Row, Boston.

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by - - - DR. BIGELOW.

On Anatomy and Surgery, by - - - DR. REYNOLDS.

On Midwifery and Chemistry, by - - - DR. STORER.

On Physiology and Pathology, by - - - DR. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1838.

Aug 22—ep3m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 18th day of February, 1839.

Anatomy and Surgery, by JOSEPH ROBY, M.D., of Boston.

Theory and Practice of Physic, Obstetrics, and Medical Jurisprudence, by JAMES McKEEN, M.D.

Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The Anatomical Cabinet and the Library are annually increasing.

Every person becoming a member of this Institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the lectures is \$50, payable in advance. The lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, Me., October, 1838.

D. 5—eop6t

P. CLEVELAND, Secretary.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct 31—eptf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIX.]

WEDNESDAY, DECEMBER 19, 1838.

[NO. 20.]

ON THE EVOLUTION OF ORGANIC EXISTENCES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you and your readers are not already wearied with my speculations on the nervous fluid and its agency in the animal economy, I hope it will render them patient under the present infliction, to know that this is the last of the kind with which the pages of the Journal will be encumbered for a season.

The chief object of this communication is to introduce to the believers in the doctrine of the transition of species, a new candidate for the honor of being the connecting link between the class of invertebrated and that of the vertebrated animals. It has been the prevalent idea among naturalists that the cuttle fish was immediately below the fish in the scale of gradation. No one, to my knowledge, has ever advanced the idea that the lobster, as the highest of the invertebrata, was more justly entitled to that position than the animal last mentioned. But the reasons which are to be offered, whatever weight they may have in the minds of others, leave little doubt in mine that such is actually the fact. In order, however, to the better understanding and appreciating of them, it will be necessary to give a more explicit view of the opinions entertained by me in regard to the causes of the production of vital phenomena, and their mode of operation, than has hitherto been done.

Those causes which are known to operate on the living body, influencing its growth and its functional movements, if we know nothing to the contrary, it is most natural to infer are those which gave origin to it.* Such are the impressions of gravity, of heat, of touch, of light, of

* That the Deity created living beings by the slow and gradual operation of certain laws, instead of calling them into existence at once by a word, we infer from the general analogy of nature. For if they were not created in this manner, they are an exception to everything else that is created, of which we have knowledge.—If, in the second place, the body is formed by certain laws, it is most natural to infer that those laws are the same which affect the body after it is formed, and to which it responds. Now the laws or agents which affect the body are those of gravity, light, heat, sound, smell, touch, &c. Therefore, other things being equal, it is more natural to infer that they formed the body than not. Adaptation of living beings to external circumstances would be another consequence of their being formed by these agents. Man, for instance, being formed in part by the influence of light, his animal functions are suspended at intervals which are proportional to the absence of light from that part of the surface of the earth on which he dwells. Were he formed in the moon, his periods of rest and motion would occur but once in 28 days. Hence this adaptation, which is so strikingly displayed, is another proof that he was formed by the circumstances by which he is surrounded.—The remaining considerations in support of this opinion are, the revelation by geology of the existence of these agents previous to the existence of living beings, and of the existence of the simpler forms of life previous to that of the more complex; spontaneous generation; the gradation of animals; the differences according to locality; the transformation of species, as of the caterpillar into the butterfly, and the tadpole into the frog; and the recent unexpected discoveries made by the French and German physiologists in embryotomy, which prove that the higher animals, not excepting man, pass through stages corresponding to the permanent state of each tribe of the inferior animals successively, while in the womb. If to these can be added the proof derived from showing a close and in-

sound and of color. Whether these are all different in themselves, or different activities of the same agent, though the latter opinion seems to me most probable, it matters not to our present purpose. By their mutual co-operative action, aided by the reaction which a part once formed has on the future development, a consistent explanation may be afforded of the form and external relations of every organic structure. This second principle, which is perpetually modifying the first, and is the chief cause of so much diversity among living beings, is expressed by saying that *everything subsequently formed is a reflection from what was formed before*. Every successive development is thus the result of the joint action of two forces, viz., the reflection of the preceding development, and the continuation of the action of the same causes that gave rise to that development. Thus every transition and reproduction is a reflection. The flower is a reflection from the branch, the fruit from the flower, the offspring a reflection from the parent. The body of man is the product of the greatest number of reflections that can possibly take place, allowing the process of development to go on without limitation; while the inferior animals present successive stages of arrest of development, before all the reflections have taken place.

With this qualification, then, heat, light, sound, &c., acting on the materials found on the surface of the globe, earth, air and water, are the instruments concerned in giving origin to a series of effects, of which the lowest vegetable is the first, and man is the last. In his person every series of impressions has produced its maximum of effect. Each has elaborated its proper organ, until a just equilibrium between all its parts is attained, while the whole body is a system of organs in equilibrium with each other. This point of equilibrium, when every part reflects to every other part a force equal to that which it receives from it, is the perfection of the law; no further change is then possible.

This development takes place in the order of the relative activity of the impressions. Each series develops, first, the function, and secondly, the organ to which it bears relation; so that the organ seems to rise incidentally, as it were, during the performance of the function, though afterwards contributing to the greater perfection of the function. The impressions of heat being the most active, after gravity, develop the vegetable, and are the cause of the vegetative functions throughout. The impressions of touch, or the impulses of the surrounding media, which are second in activity, detach the product from the earth, and form the animal as soon as they have acquired a certain preponderance over those of heat. By the tactile impressions the ganglionic nerves are formed; and the development of the motor tract keeps pace with the growing power of the specific, compared with the general sensations. The ganglions occupy, between the external and internal surfaces of relation, the situation of nodal points, and the nerves the situation of nodal lines in optics and acoustics, supposing the body an elastic me-

timiate connection between the laws of optics, considered as the producing cause, and the anatomy of the eye; the laws of acoustics and the anatomy of the ear; and the anatomy of all parts of the body where there is sufficient regularity to enable conclusions to be drawn, and the impressions operating upon them, all which I have no doubt can be done, there will remain not the shadow of a reason for hesitating to adopt the conclusion to which they lead.

diuin, and to be thrown into vibration by the impulse made on the surfaces, and are formed by electrical currents whose course is marked by the direction of the nervous fibres. In process of time the specific impressions (light, sound and odor) begin to exert a greater control over the motions and shape of the animal than the diffused impressions of touch. A second change now takes place, which is the change from the invertebrated to the vertebrated class of animals. The motor tract, which formerly accommodated itself to the disposition of the ganglions, now, in obedience to the superior force of the electrical impulse along the centre from the organs of vision and the other senses, straightens itself to form the spinal marrow, while the ganglions arrange themselves on either side at convenient distances. That state of rest which is essential to the formation of bone, is transferred from the circumference to the centre, and instead of an external crust, we have an internal axis, to which the motions of the animal are referred, and about which its parts are arranged.

Now it is just in the position at the end of the invertebrated class of animals that the lobster is found, and the transformation is or was effected from this animal, to the fish, by the same operation that changes the caterpillar into the butterfly. The reasons for this assertion are as follow.

1. The crop of the lobster presents so striking a similarity to the head of vertebrated animals, that it might safely be called the germ of the internal skeleton. And indeed from this resemblance it goes by the popular name of the "lady." There are the frontal bones very distinct; underneath them are spaces that seem manifestly intended for the eyes; beneath and between these is a membrane which is disposed like the schneiderian membrane; and still further below, an opening similar to a mouth. At the sides are cavities in two osseous processes projecting inwards, in the manner that the petrous portions of the temporal bones project into the cavity of the cranium. These cavities are evidently adapted to receive the organs of hearing. Above the slit, between the two processes, or teeth, as they are called, is a third process, which, if we conceive it bent down at the centre, would correspond with the basilar process of the occipital bone. The whole of the crop, so formed, I consider to be a reflected image of the anterior surface of the animal. By using the term image, I do not mean to express an exact likeness of the part, but that it is formed on precisely the same principles that an image is formed by light when it falls on a plane or regular surface. That is—those impulses which the impressions of light, sound, touch, &c., make on the nervous fluid at the head or anterior surface, are transmitted inwardly, until they are met and reflected by the impulses from the posterior surface. And the animal molecules at the points where they meet and antagonize each other, receive no pressure which is calculated to move them out of place.* This, according to the undulatory theory of light, is the mode in which an image is formed. So long as the impulses on both the anterior and posterior surfaces are

* To appreciate this fully, it is necessary to bear in mind that an impulse on any part throws the whole mass into vibration.

equal, so long will the structure remain as it is. But as the specific impressions on the anterior surface are growing in importance while they are elaborating their organs, a time must come when they will over-balance the general impressions on the whole body. The face of the crop, which looks towards the tail of the animal, will then shoot forward. By an action of the same nature as metastasis of disease, the imperfect eyes, or rather their images, are reflected to their new position in the spaces referred to above, and there reappear under a more perfect form. The organs of smell and hearing undergo the same transformations; the former from the base of the smaller antenna, the latter from the base of the larger. At the same time the process of ossification is transferred from the circumference to the centre. The external skeleton, which restricted the motions of the animal, gives place to a spinal axis with its arrangement of nerves, muscles and bloodvessels, and viscera around it, and the animal, which before moved hither and thither, sideways and backwards, when it should go forward, becomes obedient to the impressions made on the organs of the senses, as to a helm. And the brain, occupying the same relative position to the nervous expansions in the new order of things, as the old, begins to expand by the force developed at the points of union of the impulses from the body, along the nerves posteriorly, and those from the organs of the senses anteriorly.

2. A strong and unexpected confirmation of this idea, is the fact that an action of the very nature required to produce the spinal axis, is exhibited by many animals of the lobster kind, at the period of their moulting or casting the shell. A deposit of two bony substances, called crabs' eyes, is found on each side of the stomach just before this process is performed, which soon afterwards disappears. This looks just as though nature had made the attempt to produce a spinal axis along the centre, but the point d'appui giving way by the bursting of the shell too soon, she failed.

3. In the structure of his shell, the lobster presents about the first trace of the chief component of bone in the vertebrated animals, viz., phosphate of lime; and the red color, which is that of the blood in the vertebrated animals, predominates in his shell, and in a tissue beneath the back, the nature of which is not well understood.

4. The lobster (as does also the cuttle fish) swims backwards. In other words, the impulses made by impressions on his body are stronger in the antero-posterior than in the postero-anterior direction, and his body is propelled accordingly. If the crop occupy the centre to which these impulses are transmitted, it must follow that when his body is thrown into universal muscular action, as in swimming, the pressure upon it is greater from the head of the animal than from the tail. If the surface becomes immoveable, the force developed must act on the crop, tending to propel it towards the tail. Now the muscular action at the period of moulting is violent, apparently exhausting the strength of the animal. And it seems to be a question with nature, at this time, whether the shell shall give way and the animal remain a lobster, or the crop should "go ahead" in the shape of a fish—a question decided by the relative degree of resistance at the centre, that is, the crop, and at the circumference.

5. The fact itself that the animal swims backwards, which is a very bungling motion, and seems to call for some change, by which it may move towards the object of attraction in a more polite manner.

6. There are reasons for supposing that certain of the higher species of the univalves change into the crustacea. The opinion entertained by most naturalists that one of these animals, whose anterior half is covered with a shell like the lobster, while its posterior half is naked, seeks the cast-off shell of a univalve for a domicile, inasmuch as it is without analogy in nature (now that a similar opinion in regard to the argonaut is disproved), is probably erroneous; and the truth may be found to lie in this animal's being intermediate between the molluscæ and the crustacea. Even if the fact be as naturalists now suppose, it is probably because it occupies this position that it seeks a habitation which is adapted to its nature and wants. Perhaps the process of forming shell on the anterior surface of the body, as in this animal, precludes that of secreting it from the tail, in the manner of the univalves, in consequence of a metastasis of action.

After the above transformation is effected, the nerves of specific and general sensation are found lying in a straight line in the plane of the horizon. From this line, and at right angles to it, bulgings are met with, at the points where the optic, olfactory, and spinal nerves meet and unite. These bulgings are made by the shocks along the course of the nerves, and receive the names of the olfactory and optic lobes and the cerebellum. In the progress of development, the two first of these unite to form the cerebrum, while the cerebellum remains distinct. By degrees, the inclination of the nerves towards each other changes, so as to form an angle between them, at the point of which, the brain may be conceived to expand as from a centre, on which the shocks are concentrated. The tendency of this expansion is to go on until the whole nervous system has attained that shape and disposition of all its parts, that when the nervous fluid is thrown into vibration from any cause, the shocks return to the centre from all points of the circumference at the same time. A tolerably accurate idea of the nature of the nervous system will be conveyed to the mind by representing to it four hemispheres, united by a double axis, crossing at the centre. The brain would correspond with two of these hemispheres, and all the nerves issuing from it with the remaining two. Were each half of the brain a single organ, and free to be developed according to its inherent tendency, it would form a perfect hemisphere. As it now stands, the shape which it assumes is the joint product of the original tendency to form a hemisphere, and the modification induced by the pressure of the two lateral halves on each other, and also by the circumstance that the impulses are directed to three points, corresponding with the three bulgings, instead of to one only.

The sides where the two hemispheres come in contact are flattened, on precisely the same principle that when two chesnuts grow in the same cell of the capsule they are flat on the sides of contact, while a single one is round. The convoluted appearance of the cerebrum and the arborescent appearance of the cerebellum, owe their origin not to any

difference in the kind of action on each of these structures, but are examples of the two great forms of arrangement which nature assumes for the carrying on of its refined processes. It is the same action precisely that throws the brain into convolutions, that produces the intestinal convolutions. The difference between the two arises from the fact that the latter are tubular, a consequence of the passage of substances through them.* But the functional action in both takes place not in the centre of the convolutions, but in the circumference, in the parietes of the alimentary canal, and in the cortical part of the brain. The cerebellum assumes the arborized appearance by the same law that produces the bronchial and arterial trees in the lungs and liver. Neither in the cerebrum nor in the cerebellum is there so much separation or subdivision of parts, because there is not so much motion required in the performance of the function. In the stomach the impulses are directed against the food, in the lungs against the air, in the brain against the arterial blood. The arterial blood passing up and down in front of the spine or *line of rest* of the body, and the nervous influence in the same directions on the opposite side of the *line of rest*, meet and repel each other, *above* in the periphery or cortical part of the brain, *below* in the muscular structure. The muscular structure is, therefore, in the body, what the cortical structure is in the brain, the medium in which the reciprocal action of the nervous fluid and arterial blood takes place, and muscular contraction is an *incidental effect*, if I may be allowed the expression, of this action of impulsion and retropulsion. The nervous fibre is a conducting tissue between the two media; and as the tension of the nervous fluid is greater on equal spaces than that which is present in the blood, it requires a more extended surface of contact in order that one should neutralize the other. Hence the predominance in size of the muscles over the nervous chords in the limbs, and the expansion of the surface of the brain into convolutions.

The different manifestation of function of different parts of the brain is not referable to a different vital endowment, but simply to their position, size, and mode of development as it affects the general equilibrium. The cerebellum, for instance, is not the organ of amativeness, but from its structure and position relative to the other parts of the nervous system, it may more frequently than any other part of the brain exhibit traces of disease in disturbances of the organs of generation. If any one will take the trouble to observe the direction of the optic nerves as they proceed behind from before, and the spinal marrow as it proceeds upwards from below, and imagine the brain to be developed from the point of union (which indeed would be an imaginary point in man), and to obey the impulses along the course of their fibres, he will perceive that the pressure at first is more upward and backward than upward and

* It is owing to a cause essentially the same that the covering of the brain is bony, that of the abdomen muscular and membranous, and that of the thorax half muscular and half bony, viz., the degree of motion underneath. Bone is the crystallization of animal matter. No one, it appears to me, can call to mind the process of ossification without being struck with the similarity between it and the formation of ice on the surface of water. By the same reason that a certain amount of motion of water underneath will break up the ice or destroy the tendency for it to form, the movements within the abdomen prevent the deposit of bone over it, while the peculiar manner in which the lungs are expanded allow of a bony deposit at alternate intervals, and the very slight motions of the brain allow of it over the whole surface.

forward. Consequently the brain would be developed more in the backward than in the forward part of the head, if its growth should be arrested before it comes to perfection. Thus the relation between the anterior development of the brain and intellectual capacity, and the posterior development and the passions, may be explained without the generous, and indeed wholly *gratuitous* offer which phrenology makes us of 36 organs. For the exercise of the intellect a high degree of activity is necessary; a state of action of the nervous system in which the sympathetic irradiations from the body are the least possible. While such a process is going on, the brain obeys its natural tendency to the hemispherical shape. The passions and propensities bearing relation to the bodily wants, are lower in the scale of endowment, and hence are most active in those whose brains are most imperfect or less developed anteriorly. Not that the brain thinks or feels. The brain, together with the whole nervous system, is a structure by which thought and volition are made manifest within our bodies, become personified, insulated, as it were. There is a something beyond what the senses reveal to us, where thought lies. But in order that it should manifest itself most perfectly, the nervous molecules must be arranged in such a manner as to interfere as little as possible with the vibrations of the nervous fluid. In this consists the perfection of the nervous system, and to this point the law of organization tends.

It has been supposed that the width of the brain had some relation to the animal courage of the individual. This fact, if it is one, admits of explanation in this way. Each lateral half of the brain antagonizes the opposite half of the muscular system. If so, the brain must receive from every muscle an equal impulse to that which it sends to it. Now in a thick-set, broad-shouldered, muscular man, the mean of all the impulses from one side of the body to the opposite side of the brain crosses the axis at a greater angle, and must give rise to a greater lateral pressure, than in the more delicately formed. Again, it is in those possessed of the greatest physical endowments, that we meet with the most frequent examples of physical courage. At least it will be found to be the fact as often as the phrenological dogma holds true. We may thus see on what basis phrenology stands. By the observation of such obscure coincidences, without any definite idea of the nature of the nervous activity, it sets consciousness and anatomy at defiance, and draws straight lines and crooked ones to prove that all mental philosophy is wrong, and all physiology absurd.

Proof has never yet been adduced that the brain is the organ of the mind. All we know is the fact that the nervous system and mental manifestation are intimately connected. As to pressure on the brain annihilating consciousness, is there not as much reason to suppose that the effects of that pressure extend through the whole nervous system? as when you press the surface of a violin, you disturb its vibrations throughout its whole extent. The brain has other offices than the mental ones to perform. Increase the pressure a trifle, and you throw a man down. Surely you must have touched the organ of stand-up-itiveness! Where is that organ on the map? Is there not reason to sup-

pose that as much tension is kept up by the muscles on the brain in thinking, as by the brain on the muscles in voluntary motion? Why do we gesture in intense intellectual and moral excitement? At one moment we witness a man delirious, in the next convulsed. To-day he is comatose, to-morrow paralytic. The melancholic is torpid in his feelings, dull in his intellect, and indisposed to muscular exertion. In delirium tremens the tremulous agitation of the muscles is but the counterpart of the peculiar activity of the mind. In general paralysis, and in disturbed function of the brain by causes which produce pressure on that organ, we find the muscular powers keeping pace with the mental faculties in their decline. First fails memory, commencing often with loss of that highest branch of it which relates to dates and proper nouns; co-existent with this is loss of the most complicated and highest form of muscular movement, as that of the tongue in articulation; and the failure proceeds, *pari passu*, through both the principles of sensibility and muscular motion, in the reverse order to that in which they are developed as we ascend the scale of gradation—a fact which demonstrates that the higher faculties do not manifest themselves in connection with the successive addition of parts to the brain, but depend on a more refined action—on *degrees* of vital endowment connected with a just equilibrium of development and activity in all parts of the nervous structure and of the whole man.

As it is probable that the assertion that functional action forms organic structure, will appear more paradoxical than any other advanced above, I shall beg the indulgence of the reader to a few remarks, in conclusion, on this branch of the subject, in another number.

BENJAMIN HASKELL, M.D.

VEGETABLE DIET.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have just finished the perusal of the last of your correspondent's long series of articles, on my late work on Vegetable Diet. Had it been an ordinary newspaper squib, or had it been in the form of a regular review, I should have followed the course I have hitherto—to this hour—pursued, in relation to these attacks, however personal; which is to pass them by in silence. But so peculiar is the character of the articles to which I allude, and so respectable is the medium through which they have found their way to the world, that, with your permission, I venture a few statements, for once, in the way of self-defence.

When I first took up your Journal of October 24, and saw the commencement of a series of remarks from an individual whom I have been taught to respect highly for his gentlemanly treatment of those who happen to differ from him in opinion, I will not hesitate to say that I was highly gratified. Even when I saw his statement that on certain subjects my mind was accustomed to "run riot," I was not at all startled, because I was looking forward to see what evidence would be adduced

in support of such an assertion. The truth was, I hoped for something on the subject which would at least have the merit of candor and good intention. How little did I expect, instead of candor and fair play, continual unfairness and misrepresentation and ridicule. But disappointment is said to be the common lot of man!

I do not wish to follow your correspondent through his whole series of articles, and reply to all his numerous questions which are fairly answered in the work he censures, but which, from his own occasional concessions, it is evident he has never yet carefully read. I only wish to present a few statements, to show those who have not read the work, how little certain kinds of evidence is to be trusted, in certain circumstances. There are other "special pleaders" in the world besides myself, as the careful reader of the work in question, and of your correspondent's statements, cannot fail to observe.

In the first place he attempts—like those who have gone before him in the same sort of warfare—to throw dust in everybody's eyes by the perpetual cry of "bran-bread," "bran-bread system," "bran-bread gentlemen," "bran-bread doctors," "bran-bread controversy," "bran-bread logic," and "bran-bread and dried apples." This perpetual misnomer—not to say falsehood (I mean the phrase *bran-bread*)—is repeated no less than ten or twelve times. Does not your correspondent know better than to charge me perpetually with being an advocate for bran bread? Does he know what bran and flour are? I am no advocate for either, and never have been in any writings of mine, nor do I have anything to do with either, in practice, if I can help it. I prefer *meal*—whether of wheat, rye, corn, or any other grain—and have nothing to do with bran or flour, if I can conveniently avoid them. It is indeed a small matter; but this writer makes so much ado about it, that I thought a disclaimer was demanded on behalf of others as well as myself. For my own part, I care more about the spirit which evidently dictated these epithets, than the practical falsehood which they carry on the face of them.

Nor does it give one a more favorable impression, to have the essays of a grave man continually interlarded with such expressions as the following. "Broken-down, lean-visaged dyspeptics;" "gaunt, wry-faced, lantern-jawed, ghostly-looking invalids;" "cranium-cracked dyspeptics;" "moonstruck gentlemen and ladies;" "humbug;" "starvation;" "starving;" "ultra-starvation;" "mad-cap doctors," &c. Were these original with your correspondent, it would have an appearance somewhat different; but does it add to the weight of his argument, or establish his claims to respectability in the eyes of his brethren, to fill half his paragraphs with these old, hackneyed, newspaper epithets?

But this is not all. Has he done well to misquote or misrepresent so many of my sentiments? Even if done accidentally, was it wise? He sometimes acknowledges, "I am impatient," &c. Has a candid man a right to be so impatient as to distort, materially, the views of his antagonist?

First, in his zeal to convict me of "bad grammar," he quotes me as saying I became reconciled to flesh and fish again, and indulged in it

freely. For the word *it*, he would, of course, substitute *them*. But my language is this: "I had no sooner become reconciled to the use of flesh and fish—which was at the age of fourteen—than I indulged in it quite freely." I leave it to the veriest tyro in grammar to say on whom devolves the charge of "murdering the king's English."

Secondly, he says, "Dr. Alcott has been laboring at this business from his very childhood, say thirty years." But *what* business? Why, according to Murray's grammar, not your correspondent's nor my own—he must be supposed to mean the business of procuring the twenty-three letters, of which he speaks. But where does he learn this? From the preface of the work, where I state that the preparation of this and another much larger work—the Young Housekeeper—have together cost me three years' labor? Or was it from the statement that Dr. North first sent out his circular in February, 1835, about four years ago?

Thirdly, he makes a great mistake—perhaps I should not call it a misstatement—in representing the circular as intended by the author, Dr. North, to *confirm* what he calls the bran-bread system. Nothing was further from the views of Dr. N., and if I can do no more, I ought certainly to attempt to disabuse that gentleman. It is a matter of surprise that after stating so distinctly that the main object of this circular was to obtain facts—if such facts could be obtained—*against* the bran-bread system, and not in *favor* of it, any man of good sense should put such a construction upon the whole matter. I venture to affirm that in few instances has more impartiality been shown, in the bringing forward of evidence, than was shown in this whole case, your correspondent to the contrary notwithstanding.—Even the opinion of Dr. Harden, of Georgia—in relation to which I have been accused of a quibble—is misrepresented.

Fourthly, I am three several times made to say, in the work in question, that animal food is "the root of all evil." The bible says "the love of money is the root of all evil;" and every truly candid reader understands by it no more than that the love of money is a root of every species of evil. This I intended to affirm of animal food. I did not intend to represent it as *the* root of all evil; and accordingly I was guarded in my expression—quite so, I think, for an insane man—and did not say so. Will your correspondent look once more at the expression?

But, fifthly, I have joined Mr. Graham, in applauding the virtues of abstinence and starvation. When and where have I joined Mr. Graham? My great sin, in this region, is that I will not join Mr. G. Surely I cannot be guilty in both ways. Again, what do these men mean by starvation? Is there nothing on earth fit to be eaten but flesh meat?

Sixthly, I am made to say that life could be indefinitely protracted, if people were made acquainted with the discoveries which I and my colleagues have made in dietetics. Again, I ask, when or where?

Seventhly, we are told that the book in question consists of the stock of Dr. North and myself, as it was put together in 1836. Is this the whole truth?

I cannot forbear noticing one misrepresentation more. I am made to

say, if I understand your correspondent, that drinking, at all, is a very bad habit. Now I have never said this, either in my work on vegetable diet, or anywhere else. Let the sentence where I have taught such a doctrine be produced.

These are specimens—Mr. Editor—and nothing more, of the misstatements and errors of your correspondent. I might add many, very many more. But I will not be tedious because he may have been so—not indeed to me, but probably to most others. On the contrary, I will be as brief as possible.

In his first number he says, “Our food, in the state in which it comes to our hands, is not suitable for nourishment. Our organs can find no nutriment in it.” Nothing could be more erroneous. Without saying that it is best in that condition, I do not hesitate to say that most persons can be very well sustained on a great variety of articles, as they come to our hands; as every one who can put two thoughts together ought to know.

He says adult man has no “natural diet.” It is not so; and I think that to him belongs the task of proving a doctrine so ultra and so obviously unfounded.

He proposes many a hard question, as he no doubt regards it, but I think that any medical man who has read the book he pretends to review, will be a little surprized at this. He will be especially surprized at the tone and manner in which he requests, or rather demands, a reply. Most of the questions will be found to be answered—and, as I think, satisfactorily—in the work which is made the subject of animadversion. For a reply to his question about the vegetable millions of the East, let him look at pages 231 and 263; where I think I have shown both the folly and the unfairness of comparing, in this matter, the Asiatic with the European. Let Asiatic be compared with Asiatic, and I have no fear for the results.

I am willing, however, to answer, gratuitously, one question. “How happens it that the flesh-eating nations of Europe are so far from having *run out*, that they furnish better specimens of fully and perfectly developed men than any other of all the descendants of Adam? Where shall we find a people, who, in mental and physical endowments, can be matched with the Europeans?”

My reply is, that the flesh-eating nations of Europe do not furnish better specimens of fully and perfectly developed men than the vegetable-eating nations of the same quarter of the earth. The best specimens of physical development in Europe are to be found among the peasants in Germany, Switzerland, Poland, Austria, and the north of Italy, whose diet is of the simplest kind, and, as a general fact, chiefly or entirely vegetable. Nor is their mental development inferior to that of other nations, considering their advantages and the nature of their religion and government. But the South Seas, if we can credit the best authorities, furnish specimens of physical development, far better still. The same may be said—according to Myers and the best European geographers and travellers—of the Japanese. Nay more, they are not only superior, bodily and mentally, to all the other southern

Asiatics, but almost equal to the best nations of Europe itself. I need not say to medical men, how the South Sea Islanders and the Japanese are fed; for they are probably acquainted with all the facts to which the world has access on the subject.

I will only add that much which your correspondent says of the longevity of New Englanders, of our not eating too much, and of the appetite as a competent guide, with sundry other matters not less true because they are old, and not more true because they have been told a great many times over, has very little weight with me. The joke about eating "all the while," &c. &c. is a good one; but unfortunately for the truth in the matter, by leaving out the phrase "for a time," the whole meaning is changed. Let me also offer one word of counsel to your correspondent, which is, that when he sits down again to offer his witticisms, he will probably find it better for himself and for all concerned, to be a little better prepared with solid argument, provided he should want it, as might peradventure happen. Let him see, moreover, that he understands the subject in debate; and let him at least try to know something about the bills of mortality of his own town and those adjoining.

W. A. ALCOTT.

Providence, R. I., Dec. 7, 1838.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 19, 1838.

SUCCESSFUL OPERATION FOR A NEW NOSE.

THE case which we are about relating, is the second rhinoplastic operation which has been performed in Boston, by the same surgeon, within a comparatively short period; and as both have been perfectly successful, there is more pleasure in speaking of the last, as we did of the first, in a plain, simple manner, that it may not interfere with the interest of a detailed, scientific account, which may be anticipated in the Journal at a convenient time. It is due to the profession, especially, that every fact connected with the manner in which this important operation was conducted, from beginning to end, should be faithfully detailed.

A young lady, now about twenty-seven years of age, belonging to the State of Maine, thirteen months ago, was urged by an uncle to consult a medical pretender by the name of Nason, of Waterbury, since dead, in consequence of the existence of a small wart, as she denominates it, near the tip of the nose. It was considered a cancerous pimple, which should be dispersed, and the doctor, therefore, advised the application of caustic. This produced a high degree of inflammation, which was so extensive and severe that poultices were used for reducing it. These were continued, it seems, a considerable time—for on the fourteenth day after using the caustic, in the act of taking off a poultice, the entire fleshy part of the nose dropped off, close to the bones, producing a shocking and wholly unlooked for calamity. For a young lady, whose features were regular and handsome, in the prime of life, health, hope

and enjoyment, nothing could have been so disastrous or painfully distressing as a facial deformity of this character. On seeking further advice from the same source, she was told, by way of encouragement, that the organ would grow again, and eventually be perfectly restored.

Having waited thirteen months, without discovering any indications of a reproduction of the nose, and having read in the newspapers an account, which was extracted from this Journal, of a successful talia-cotian operation in Boston (above referred to), she came to this city for surgical advice. This was in August last; but for some reason, she returned home, and again arrived in Boston early in November.

Everything being in readiness, on the 17th of November, Dr. J. M. Warren commenced the operation by taking a large triangular piece of skin from the middle of the forehead, which was detached, except a small strip between the eyes. The broad flap, on being reversed, was necessarily twisted in the narrow part. The edges about the locality of the original nose were pared, and the edges of the transported material for the new one, nicely adjusted in all directions, and secured by ligatures instead of pins. Keenly as the unfortunate patient must have suffered—for it was not the work of a moment, but a slow process, to fit one part to another—she never manifested the slightest indications of uneasiness. Such is the fortitude of females. Finally, the best part of the narration may be expressed in a few lines. Everything worked kindly—the new nose knit by the first intention, and the nostrils and wings are well turned, and promise to go on improving in appearance. We called upon the heroic patient the other day, and found her sitting in a comfortable great chair at the breakfast table, free from pain, the inflammation having subsided, and in a fair way of soon being in a condition to return to her friends.

This is truly another triumph of science and art, in the restoration of that essential feature of the face, on which expression and articulation necessarily depend. The patient came here an object of disgust to herself, and exciting the deep sympathy and commiseration of all who chanced to see her; but she leaves Boston, a living monument of the boundless resources of human ingenuity, with a deep feeling of gratitude towards God and the surgeon, not to be expressed, and only to be felt, in full force, in the secret recesses of a woman's heart.

Cleft-Palate Instrument.—An editorial notice has appeared in the New York Evening Star, announcing the invention of something extraordinary in the way of surgical instruments for performing operations on cleft palate and hare lip, by Dr. E. H. Dixon, pupil of the late Dr. Hosack, &c. It is pretty evident that this gentleman is determined to make his locality extensively known. It is questionable whether he is entitled to as much merit as he seems to claim on the score of pathological knowledge. With regard to the instruments, before blowing the trumpet to the annoyance of the neighborhood, it might be well to get the opinion of experienced surgeons upon the value of the improvement, if such it claims to be.

University of New York.—Dr. A. Sidney Doane, of New York, formerly of Boston, extensively known as an able translator of numerous professional works, has been elected professor of physiology in the medi-

cal department of the University of New York. We congratulate the institution. A man better fitted to give character to the chair could not have been selected in the Union.

Lithotomy.—Dr. Knight, Professor of Surgery in the Medical School at New Haven, recently performed the operation of lithotomy in Middletown, Conn. The calculus was *five inches in diameter, and weighed six hundred and ninety-one grains.* The patient is represented to be doing well.

Artificial Eyelid.—A southern correspondent writes as follows :—"In one of the back numbers of the Journal (p. 130, Vol. 18) is mentioned the discovery of a new method of making an artificial eyelid. This discovery is not original, at least with him who pretends to claim it. You will find, by referring to the New York Medical and Physical Journal, No. 2, New Series, for 1829, an account of the first attempt of this kind ever made, and which happily succeeded. It was by one Dr. Abner Hopton, of Clinton, N. Carolina. The doctor never made any boast of his simple invention. He merely published the naked facts in a very few words. Nevertheless, when another lays claim to its originality, it is expedient that we render unto Cæsar that which is Cæsar's."

Medical Prize.—The Medical Society of Augusta, Ga., offer a prize of fifty dollars, or its equivalent, to be designated by the successful competitor, for the best *approved* original essay, *On the use and abuse of Calomel, as a therapeutic agent.*

The following are the arrangements adopted by the Society :

1. The essay shall not exceed forty octavo pages.
 2. Essays, intended for the competition, are to be directed, *free of expense*, "To the Secretary of the Medical Society of Augusta, Ga.," and must be in his possession by the first of May, 1839. Each essay must be endorsed with a *motto*, which must be also on an accompanying sealed letter, containing the name and address of the writer.
 3. The Medical Society will, as a body, proceed to the reading and inspection of all the essays received by the Secretary, as soon as practicable after the 1st day of May, 1839, and will determine by the vote of the majority, on the successful essay. After such decision, the letter bearing the corresponding motto, will be opened, and the essay published under the name of the author, in the Southern Medical and Surgical Journal.
 4. Should none of the essays be judged worthy of the prize proposed, they will remain in the hands of the Secretary, subject to the order of their authors, for three months, the names remaining under seal ; after which, if not otherwise directed, they will be considered the property of the Society.—*South. Med. Jour.*
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Vascular Organization of the Crystalline Lens.—The existence of vessels in the crystalline is doubted by many, who imagine that nourishment is conveyed to it by the small quantity of fluid—the liquor Morgagni—that we meet with in the capsule of the lens ; or, according to Sir David

Brewster, by the aqueous humor of the eye. But the fact that the lens is supplied with vessels from its capsule, is proved from injections having been made to pass from one to the other, not only in different animals, but in some instances in the human eye. The existence of these vessels seems probable, also, from the circumstance, noticed occasionally, of the sudden formation of cataracts, where the most complete degree of opacity of the lens took place in the course of a few hours from the first sensation of dimness. In more than one of these cases, extraction showed that the lens was opaque, while the capsule retained its transparency entire.

Medical Miscellany.—Dr. Channing's oration before the New York Physician's Society, on Homœopathy, meets with harsh treatment; no one likes it—not even the author, by this time.—Drs. McDowell and McGill have sailed from Baltimore, for Cape Palmas, Africa, in the service of the Colonization Society.—Dr. McLung was recently killed near Bexar, Texas, by the Indians.—Dr. Bell's Eclectic Journal, for December, commences the re-publication, from this Journal, of Dr. Hayward's surgical report. The monthlies do not always avoid the division of articles—the objection sometimes made to the weeklies. Dr. B.'s last Select Library contains the first part of that valuable work, Hunter's Principles of Surgery.—A correspondent in South Carolina hopes that Mr. Combe will visit that part of the country, where, he says, many warm friends will be found to greet him.—A half Part of No. 5 of Copland's Dictionary has been published in London, which proceeds as far as INF. The English edition is to comprise 6 Parts. We have not heard whether any arrangements have been made for continuing the American edition.—Sir Anthony Carlisle has had a trial at Westminster Hospital, by a committee of inquiry, for alleged misconduct in the case of an insane patient, and acquitted.—A case lately occurred in England, in which 18 grs. of blue pill, taken in the course of three days, proved fatal to the patient.—A correspondent in the Lancet states that he has recently arrested the decomposition of some fishes preserved in spirit in imperfectly stopped bottles, by the addition of a small quantity of tannin to the spirit.

TO CORRESPONDENTS.—We are compelled to defer, till next week, an interesting account of the effects of breathing carbonic acid gas, in a recent case at Cambridge. Other favors are also deferred.

DIED,—In Chester, Dr. Martin Phelps, 82.

Whole number of deaths in Boston for the week ending Dec. 15, 32. Males, 12—females, 20.

Of consumption, 8—old age, 2—brain fever, 1—child-bed, 1—apoplexy, 1—dropsy, 2—disease of the lungs, 1—drowned, 1—lung fever, 2—scarlet fever, 5—typhous fever, 1—dysentery, 1—infantile, 2—intemperance, 1—abscess, 1.

MEDICAL ALMANAC for 1839, for sale at the Medical Journal office. Price 75 cts. On account of the binding, these cannot be sent by mail.

Also, for sale, a few copies of Dr. Tuckerman's Letter to Dr. Warren, on the climate of Santa Cruz. Price 12 1-2 cts. Dec. 19.

FOR SALE,

WITHIN thirty miles of Boston, an estate now occupied by a physician, who is about to leave the place. It will be sold at cost, which is between 2500 and 3000 dollars. The practice is a valuable one, as can be satisfactorily shown to any applicant. For name and place, inquire at this office; if by mail, post paid. Nov 21—31

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. Oct. 25.

ALBANY MEDICAL COLLEGE.

THE public course of lectures in this Institution will commence on WEDNESDAY, the 2d of January, 1833, and continue sixteen weeks. The new and extensive College edifice, which has been completed during the past summer, is situated in a central position, and in architectural character, dimensions, and internal arrangement, is admirably adapted to the purposes of medical instruction. The museum of the institution occupies a room fifty feet square, two stories high, with a gallery, and glass cases above and below. It is furnished with an extensive and choice collection of specimens in healthy and morbid anatomy, together with casts, models, plates, and magnified drawings in great variety, and every kind of preparation necessary to illustrate the departments of Anatomy and Physiology, Surgery and Obstetrics. The other departments are provided with ample means for illustration, and with all the apparatus and materials necessary to render the courses full, practical and complete. The Anatomical Theatre, which will be appropriated to all the demonstrative branches, is fifty feet square, with seats for 400 persons, arranged in a circular manner around the area for the lecturer, which is lighted by a large dome and sky-light immediately above it. The dissecting rooms, which are spacious and convenient, will be kept open during the term, under the immediate charge of the Professor of Anatomy, by whom every facility will be provided for the cultivation of practical anatomy and operative surgery.

The Chemical Laboratory and other apartments are large and commodious, and well adapted to the purposes for which they are designed. The course in Chemistry and Natural History will be illustrated by extensive and richly furnished collections in Mineralogy, Geology and Botany, and to some extent in Comparative Anatomy. In Materia Medica and Medical Jurisprudence, as well as in the other departments, it is designed to exhibit as many facts and illustrations as possible, and to render every subject, so far as is practicable, a demonstrative one.

There will be clinical instruction in Surgery and Practice every Saturday during the term, at the Hospital connected with the Almshouse, where there will be opportunities of witnessing a great variety of cases and surgical operations. All operations on the poor will be performed gratuitously (if in the presence of the class) during the term.

Degrees will be conferred at the close of the term, and all the powers and privileges conferred by other medical institutions of the State, will be secured to the graduate. The requirements of candidates for graduation are the same as at other institutions.

The lectures in the different departments will be delivered as follows:

Principles and Practice of Surgery, by	- - - - -	ALDEN MARCH, M.D.
Theory and Practice of Medicine, by	- - - - -	DAVID M. REESE, M.D.
Chemistry and Natural History, by	- - - - -	EENEZER EMMONS, M.D.
Anatomy and Physiology, by	- - - - -	JAMES H. ARMSBY, M.D.
Obstetrics and Diseases of Women and Children, by	- - - - -	HENRY GREENE, M.D.
Materia Medica and Pharmacy, by	- - - - -	DAVID M. M'LEACHLAN, M.D.
Medical Jurisprudence, by	- - - - -	AMOS DEAN, Esq.

The price of tickets to all the lectures is \$65. Graduation fee, \$20. Matriculation fee, \$5. Dissecting fee, \$5. Graduates, licentiates, regular practitioners, and students who have attended two full courses of lectures at any incorporated institution, are required to pay only the matriculation fee.

The price of boarding and lodging varies from \$2.50 to \$3.00 per week.

Albany, 1833.

O31*

J. H. ARMSBY, *Dean of the Faculty.*

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.
H. I. BOWDITCH, M.D.
J. V. C. SMITH, M.D.
H. G. WILEY, M.D.

July 25—eoptN—emtJy

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct 31—eptf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIX.]

WEDNESDAY, DECEMBER 26, 1838.

[NO. 21.]

EFFECTS PRODUCED BY BREATHING CARBONIC ACID GAS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—My time has been so entirely engrossed since I received your note of the 1st inst., that I have not had a leisure moment to send you an answer; and for what I may now send, I am entirely dependent on my memory for the particulars, as I took no notes of the cases.

Between the hours of five and six o'clock, Sunday morning, November 25, I was called to visit two young men, Alva Goodwin and Robert Denvir, employed in the kitchen of Harvard University, the former as a waiter, the latter as a baker, in a state of asphyxia from the respiration of carbonic acid gas. They were found in a state of total insensibility to all external impressions. An iron kettle stood at the foot of their bed, containing some ashes and a few pieces of half-consumed charcoal; and a lamp, placed on a high writing desk, was still burning. Their sleeping room was a small apartment in the basement of University Hall, measuring 10 by 8 feet, and about 8 feet in height. Two sides of this room are very tightly ceiled, and will not admit the passage of air. The other two sides have, at about three feet from the floor, four glass sliding sashes of sixteen lights each, 8 by 12, and a door. Between these sashes there was, on each side of the room, a small aperture—on one side, of one sixth to one eighth of an inch in width; and on the other, of one twelfth of an inch, and the length corresponding to that of the sash. These men were, to appearance, in the same position as when they fell asleep—they were covered—their eyes were closed, but there flowed from their mouths a frothy saliva which was dried on their faces and partly closed their mouths. Their aspect, respiration, pulse, &c. were dissimilar. Denvir's face was suffused and purple, expressive of the most agonized sufferings—the temporal artery distended and prominent—respiration was rapid and sonorous, resembling a groan more than snoring—the pulse moderately full but frequent—the muscles somewhat rigid and contracted—the pupil dilated. Goodwin's appearance was that of calm and tranquil sleep. His countenance was not flushed, but of a pale, leaden aspect. His lips and ears were livid—respiration inaudible at a short distance, was exceedingly short and suffocative, with intervals of suspension. His pulse rapid, but small, and at times almost imperceptible—the pupil contracted, but the retina was sensible to the impression of light—the muscular system relaxed and powerless; in fact, he appeared like one whose functions and powers of the system were almost extinguished.

Finding them in this condition, we freely admitted fresh air—dashed cold water into their faces and over the chest, and immediately had the parts and all the limbs rubbed briskly with hot dry cloths—applied bottles of hot water to their feet and limbs, and after cleansing out their mouths and nostrils and they could swallow, gave them small quantities of warm brandy and water, and occasionally small quantities of spt. ammonia, which was added to their brandy and water. Denvir, who seemed to require venesection the most, was bled first, which afforded some trifling relief to his respiration. Afterwards, failing to rouse the powers of life in Goodwin, and almost against hope, I bled him, with apparent benefit. His pulse rose immediately, and became more distinct—his respiration more full and deep. Continuing the frictions and the application of dry heat, and the administration of small quantities of the stimulating drinks, we gave enemata of salts in solut. and aq. ammonia, which produced free and copious evacuations. At this period Denvir vomited spontaneously, and by his trembling and the rigidity of his muscles, gave indications of his being sensible to the impressions of cold. We had them immediately removed to a long capacious hall, that was well ventilated, and put into dry, warm beds, continuing the frictions, application of heat, &c. In this condition we gave them, at short intervals, slight shocks of electricity through the diaphragm, heart, and body, in different directions. Afterwards we submitted them to slight shocks of galvanism. They were differently affected by this agent. In Denvir it produced powerful muscular contractions, opening of the eyes and groaning; in Goodwin, merely slight spasmodic twitchings. A short time before we applied electricity, we had succeeded in obtaining, by the assistance of certain gentlemen, undergraduates of the University, some oxygen gas, which had been administered to them, either pure or combined with different proportions of atmospheric air, and we continued its use during the rest of Sunday, and a part of the evening, with decided benefit. It changed the livid, purple color of the lips and face to a more florid and healthy appearance. It rendered the pulse more full and regular, and the respiration more natural. They were also cupped at the nape of the neck—put into a warm bath—the spine was rubbed with a preparation of equal parts of spt. turpentine and tinct. flies, and the same was applied to the inside of their legs and ankles, which produced extensive vesication. This was the course of treatment pursued, with, perhaps, some trifling variation, from half past five, A. M. to seven o'clock, P. M.

Sunday Evening.—At this time there was a change in both of them. In Denvir, the agonized and purple countenance had settled into the calm and quiet expression of tranquil sleep. The pulse and respiration had diminished in frequency. The skin had assumed a more natural and healthy appearance, and at different periods since three o'clock he had given repeated indications of returning consciousness. Goodwin's face had now become flushed—his respiration regular, but rapid and laborious, occasionally with a groan—his pulse full, hard and frequent, from 150 to 160 in a minute—burning heat of the skin—pupil more contracted, with a lateral rolling of the eyes with the regularity and pre-

cision of the pendulum of a chronometer. This last circumstance was first observed in the afternoon of Sunday, and continued, with but trifling variation, whether the eyes were open or shut, until he expired. A dose of senna and salts was given to each of them late this evening. On Denvir, it produced, the following morning, free and copious evacuations. He came to his consciousness about ten o'clock on Sunday evening. He was restless, and exercised with much pain in his head and limbs during the night, but remained silent, and appeared to notice, with much solicitude, when awake, whatever was done for his fellow sufferer. He passed most of the following day and night in a quiet sleep, and on Tuesday, at eleven o'clock, he was dressed, walked to a carriage at the University steps, and was carried to Charlestown. Since that time he has walked to Cambridge, apparently well.

Goodwin's cathartic did not operate until two or three drops of croton oil had been given, and followed by an enema. On Monday, the morbid reaction not having been subdued by the cathartic, blisters, cold affusions to the head, &c., the temporal artery was divided and five ounces of blood was withdrawn, with little or no effect. The temporal artery on the opposite side was divided on Tuesday morning, with no better success, and he, remaining in the same deep apoplectic sleep as on Sunday evening, the pupil becoming more and more contracted, expired at half past six o'clock on Wednesday evening.

It is truly astonishing that these men were found alive after having been exposed so long to the influence of so fatal and poisonous an agent. That there must have been a large quantity of gas generated, appears highly probable when the quantity of coal that was consumed is taken into consideration. Denvir stated, on Tuesday, after he had perfectly recovered his consciousness and recollection, that on Saturday night, at ten o'clock, he put into an iron kettle a large gravel shovel full of ignited coals from the kitchen fire, upon which he threw four shovels full of fresh charcoal from a basket, and carried it immediately, attended by his bed-fellow, into their sleeping room, and placed it near the foot of the bed. Atmospheric air must have found access into the room, or the lamp would have been extinguished; and the circumstance that the air was admitted into the room on Denvir's side, may be one reason why he was not so severely affected by the gas as his bed-fellow. No doubt his age, and the vigor of his constitution, rendered him more able to resist its power. It is well known that the power of resistance to this narcotic agent appears to be less in youth than in maturer years. Denvir is a remarkably muscular man, with a broad, capacious chest, of temperate habits, nearly twenty-six years of age, and weighs about 150. Goodwin, although of temperate habits, of a fine symmetrical figure, six feet in height, and weighing 180, was not twenty years of age.

Of the different agents employed for their restoration, warmth, friction, electricity and oxygen gas appeared to be the most efficacious. Each exhibition of the last mentioned article gave decided indications of benefit. The warm bath, although applied with the utmost caution in regard to its quantity of heat, &c., was of a doubtful character—it appeared to injure rather than benefit them, particularly Denvir.

And now, dear Sir, I cannot close this hasty, imperfect communication, without expressing my obligation to my friend Dr. Morrill Wyman, of this place, who was called in attendance at the same time with myself, for his assistance and co-operation during the whole of the treatment; and the self-possession, good judgment, and practical skill he there evinced, well worthy of maturer years, excited my highest admiration. And I would also gratefully acknowledge the noble-spirited exertions and assistance of Drs. Webster, Bigelow, Harris and Oliver.

Cambridge, Dec. 7, 1838.

Yours, truly,
S. PLYMPTON.

ON THE EVOLUTION OF ORGANIC EXISTENCES.

[Concluded from page 316.]

COMMENCING, as we do, the study of physiology in the more perfect structures, we accustom ourselves to witness a complicated apparatus with every variety of function, and hence very naturally conclude that the latter springs from the former. Did we interpret appearances so far only as to infer that such and such degrees of complications were necessary to the perfection of a functional action in a system where a number of functions are carried on simultaneously, the inference would be legitimate. But we are imposed on by the constant appearance between the organ and function, and the error which we fall into, involves important consequences, in regard to all our reasonings respecting health and disease. Its direct effect is to magnify the importance of anatomy in physiological speculation, and to place that first which should always be second as an element of reasoning. Healthy anatomy should precede healthy function. Morbid anatomy should precede diseased function; and anatomical characters should indicate the kind of function to an extent irreconcilable with reason and fact, according to this view.

For example, the vegetable-eater believing that the stomach was formed for digesting and the teeth for chewing, logically concludes that the capacity of the stomach and the shape of the teeth indicate, with unerring precision, the kind of food adapted to the animal. Hence, because the teeth of man resemble the teeth of the monkey, and the monkey is a vegetable-eater, man must be a vegetable-eater also. The short life of the monkey, compared with that of man, goes for nothing. The superiority of carnivorous animals over herbivorous, and the superiority of these last in proportion as their food is more concentrated, are trifles, when brought in competition with anatomical distinctions. Nor does the facility with which those animals which live on the more concentrated forms of vegetable food become capable of digesting animal food, and vice versa, weigh at all with the vegetable-eater. Because, he says, if God formed man to live on vegetable food, and has made his will manifest by the construction of his digestive organs, every deviation from that mode of life is a violation of God's law, is therefore sin, and at war with man's organization. But no such inference follows necessarily, if we suppose that the organ is formed during the exercise of the

function. For though, undoubtedly, great and remarkable anatomical differences would indicate a difference in the kind of food appropriate to the animal, slight ones would not; and the modifying influence of habit would receive a higher estimation. The resemblance between the teeth of the monkey and man, is, for instance, only a part of the general resemblance of his body to the body of man—the consequence of his being the first in the scale of gradation below; and so far from being an indication of the food proper to man, is unworthy to be taken into the account. He lives on vegetable food simply because he can provide himself with it easiest.

Not only are slight anatomical distinctions magnified far beyond their true value, but they are sought for where they do not exist. Physiologists play at blind man's buff and, hunt the *slipper* within the cavity of the cranium, when they look for the organs of locomotion or sensation or amateness. So rigidly orthodox are they in the idea that the brain is an extremely complex organ, that they deem it rank heresy to imagine for a moment that it is little else than a lump of fat floating in water. So rigidly Baconian are they in their method of philosophizing, that they pile their facts one upon another, as a mason builds a stone wall by the job, without taking the precaution to lay the largest rocks at the bottom.* By and bye sprouts up another wall of the same materials and dimensions, and resting on the same foundation. How they will stand together without crowding, is a problem.

Volumes have been written to prove the muscular structure of the iris, of the urethra, and of the coats of the arteries, simply because contractility being a property of muscular fibre, as supposed, that is, the muscles being formed to contract, it is inconceivable that this property can manifest itself where there is no muscular fibre. It is easy to conceive, on the supposition that muscular contraction forms muscular fibre, of tissues existing in certain positions which are neither distinctly muscular nor elastic, but betwixt both. The same kind of action that develops muscular fibre in the intestinal tube, would develop the yellow elastic tissue in an arterial tube between the external and internal coats, or a different tissue in the urethra. That which develops the levator ani might also develop the iris, and a difference in the structures would result, corresponding to the difference in the circumstances.

My reasons for regarding functional action as the cause of organic structure, are briefly these:

1. Every function in the animal economy shows itself previous to the development of the organ. Circulation begins before a vascular system; secretion before a glandular; digestion long before anything like a stomach; and sensation, or something very much like it, before the nervous structure.

2. The office of bone is for its particles to remain at rest; and we find that other structures change into bone, when, from interruption to their function, they have remained long in this state, as in the ankylosis of joints and the inner coats of the arteries in old persons. The vitreous

* Gall began his observation of heads without any order or system, except the sense of touch, to guide him.

humor and the retina, when their proper function has not been exercised for a length of time, have been found ossified. In case of fracture, if the fragments be kept at rest, they unite by bone; if allowed to move, they unite by ligament. A ruptured ligament unites by bone if kept at rest to a degree beyond what is natural to it. A ruptured muscle unites by ligament, because it is not capable of performing its function. This ligament approaches more and more to the character of muscular structure, in proportion as the proper function of the muscle is exercised.

3. Serous membranes are found wherever friction is exercised, lining the organs of the cranium, chest and abdomen, the joints, and interposed between the muscles where they move over each other (aponeuroses). Should friction take place abnormally, as in the case of dislocation and the formation of a false joint, or should organic matter be thrown out where friction is natural to the part, as in pleurisy, in either case the serous structure arises *de novo*, by a law of the economy, and not from any manifest design to adapt the means to the end. In these cases it is plain that friction itself forms them. In severe peritoneal inflammation, such as to put a stop to the natural motions of the bowels, the convolutions of the intestines are sometimes glued together; and the same fact has been witnessed with regard to the convolutions of the brain.

4. The mucous membranes become skin when exposed to the action of the air, and are developed in fistulas and chronic abscesses, as well as in their natural situations. In these instances there can be no doubt that they owe their origin to that process of secretion that is going on in the part; and if in these, why not in all instances?

5. We can understand, on the principle of "means to an end," how a structure should occur in its natural place. But it affords no explanation how that structure should occur out of its place, or be developed in any other part of the body. If the brain was formed for thinking, should not thought take place in encephaloid tumors also? When the testicles or the mammaræ undergo the cerebriform degeneration, or the lungs are changed into liver, is it not idle not to suppose that the vital action going on in the preternatural part is as analogous to that of the natural development as the textures are similar?

6. Still less can we understand, if an organ is formed to accomplish the function, how that function, in case of disease of the organ, is performed by other organs vicariously. If the kidneys were formed to secrete urine, then urine should never be secreted except when the kidneys are in their healthy state. Yet does it not make its appearance at other outlets? and is not the same fact true of the other secretions? But if we reverse the maxim, and consider the establishment of the secretion as the first law of the economy, and the evolution of the organ as the work of time by the function, or rather that vital action which accomplishes the function, we can be at no loss to conceive of a metatasis of this action to another part, on the supervention of disease or cause of obstruction in the organ itself.

The increase of the size of an organ by exercise, and of the wasting of it by disease, can only be explained on the supposition that the ex-

ercise of the function forms the organ. If the abstract principle that the brain is for thinking and the muscles for contracting, is the determining cause of their formation, there can be no reason, on the one hand, why, in a hemiplegic idiot, the opposite hemisphere of the brain should be reduced to two thirds the size of the other, with a corresponding wasting of the muscles on the paralyzed side—nor, on the other, why the brain of a studious man should increase in size after the body has attained its growth. But if the exercise of the function forms the organ, then it is natural that it should increase the size of the organ, inasmuch as the growth of an organ is owing to the continuation of the action of the same causes that formed it.

Before closing, I would anticipate one or two objections that would naturally rise in the mind from perusing what has been said. If, one may inquire, the external impressions form the animal, how happens it that he is formed in the womb where external impressions do not operate? To this I would reply that production and reproduction are two different things. Reproduction is a process of reflection; the child is a reflection from the parent. Production alone is the result of the action of external impressions.

Another objection is, that these ideas do not harmonize with the account of the formation of man given in the scriptures. To which it may be answered, that precisely the same objections apply to the account of the formation of the earth as revealed by geology. And the mode of replying to these objections by geologists, is as applicable to one case as the other.

The third and last objection which I would notice, and it is the only serious one, is this. Why do we not witness these transitions now? Reasons enough can be assigned for the prevalence of reproduction over transition, as things are now constituted, and perhaps it may be known hereafter that the one takes the place of the other. Insect transformations demonstrate satisfactorily that such transitions are in strict harmony with the laws of nature. What we see is positive—what we do *not* see is negative. The positive fact of transformations alone is of more weight, in a question of this nature, than the negative fact that the specific transitions required are not witnessed at this period of the world.

Boston, Dec., 1838.

BENJAMIN HASKELL, M.D.

P. S.—Since the first part of this communication went to press, a case of diseased propensity has been communicated to me, in which there was uncommon venereal appetite, without the power of erection. This case was treated successfully with leeches and revulsives to the posterior part of the head, and thus appears, in the opinion of many, to confirm the doctrines of phrenology. The view that I take of it is this. The loss of power of erection is to the organ concerned, what loss of motion is to a paralyzed limb. The increased activity of the propensity is owing to the same mode of affection of the nerves of the part, as that which produces the morbidly acute sensibility often witnessed in a paralyzed limb. The treatment was adapted to relieve oppression of the brain, without reference to a particular part, and has no more connection with phrenology, as I conceive, than the application of a blister to the

nape of the neck to relieve pain in the head in fever, would have with the principles of that science. Such treatment is often successful in paralysis.

B. H.

UTERINE HÆMORRHAGE AFTER DELIVERY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Two cases have recently occurred in a neighboring town, which illustrate very impressively the vital importance of a seasonable recognizance of insidious danger.

Happening to be near the place where the first case required attention, I was requested by my friend Dr. B., a respectable accoucheur, to see a lady whom he had delivered two hours previously. The labor was auspicious; the placenta came with ease. She had flowed, but less, to outward appearance, than often happens without alarm or inconvenience. When I arrived, the doctor stated that when he despatched the messenger for me, appearances were somewhat startling. She was cold, faint, pale and pulseless. But she had begun to rally. Her warmth, color and pulse were returning, and improved while I tarried; and we contented ourselves with bandaging, cold applications, &c., and directing that she remain in a recumbent posture, undisturbed by shifting her dress, or otherwise, till further orders. She remained comfortable for some time, but in two hours I was summoned again, and found that the primary prostration had returned, with the addition of great anxiety and distress; and so rapid was her progress to the closing scene, as to afford but a few moments to scan the pathology, or to prescribe.

Pondering on this unexpectedly fatal issue, and feeling no small misgiving that the only effectual measure had been omitted, I could not rest till I had called on the attending physician, and another, his near neighbor, to acquaint them with my after-thoughts; in order that whenever a similar case might require attention, we might have our lamps trimmed and burning. The more I reflected, the clearer it appeared to me, that the hæmorrhage, instead of showing itself outwardly, served only to accumulate coagula in the womb, thus distending it and inducing a torpor, preventing that important contraction so necessary to close its patulent vessels, and also to restore that energy to the system which, as I believe, is prostrated, not only by the loss of blood, but also by the anomalous sensations and torpor induced through the system by its sympathy with that delicate organ, thus burthened with an incubus which it has lost its power to expel. My endeavor was to impress their minds, as well as my own, with the vital importance of removing the coagula, by which act the hindrance to the contraction is obviated, and the mechanical irritation so well suited to induce the expulsive effort and closure, by boldly, though gradually and prudently, passing the whole hand, insinuating one finger after another, through the os uteri, and thoroughly clearing it of its burthen.

A few days after this sad event, the neighbor of my friend, who shared in our conference, was in attendance in a similar case, equally

threatening. Disappointed by the failure of ordinary remedies, and wide awake to the late lesson, while the patient lay cold, faint, pale and pulseless, he introduced his hand, as above suggested. A powerful expulsive throw assisted him in clearing the womb. The patient presently roused, as from the silence of death, and exclaimed, with energy, "I feel much better," and her recovery from that moment was perfectly auspicious.

Since the year 1790 I have, in my own practice and in assisting others, met with nearly twenty cases of retained placenta by hour-glass contraction, where it was necessary to introduce not only the hand, but sometimes most of the arm, which operation Burns speaks of as so formidable. But whatever agitation or complaint it excites in the patient, it is soon over, and the result has always been happy, except in a solitary instance. The accoucheur had detached the funis, and, baffled in his endeavors to gain the placenta, sent five miles for my assistance. On my arrival I found her gasping from the almost total loss of blood. I removed the cause forthwith. The flooding ceased, but the vital fluid was already exhausted beyond recovery.

My brother reminded me that Denman discourages the practice of introducing the hand; but as his (Denman's) *prudence* had never allowed him, according to his own confession, to make the trial, I must consider him an incompetent adviser.

However destitute of originality these suggestions may be, if you insert them in your useful Journal they may meet the eye of some who may not otherwise be so well prepared to meet the exigences of such a case; and all the difference between death and life may be the happy result. We need line upon line, precept upon precept; and if one life may be saved by this humble communication, it will richly reward your trouble and that of your humble servant,

JOSEPH TORREY.

Salem, Dec. 10, 1838.

DIVISION OF THE ADDUCTOR LONGUS FEMORIS MUSCLE.

[THE following account of the successful division of the adductor longus femoris muscle, for deformity and consequent loss of motion in the inferior extremity, is from the December number of the Southern Medical and Surgical Journal. We are indebted to the politeness of the editor of that Journal for the sheets containing this interesting case, which were received some weeks since, in advance of the publication of the number; but on account of the crowded state of our pages, we have been unable to copy the article till now. The operator was Paul F. Eve, M.D., Professor of Surgery in the Medical College of Georgia. The operation is a rare one, and Dr. E. deserves much credit for the skill shown in his performance of it.]

The history of my patient previous to his application to me, is presented in the following letter:—"From infancy to fourteen years of age, I was strong, active and remarkably healthy, and of good constitution. When fourteen, or about that period of life, I practised night-hunting to

a great extent, and occasionally fishing; would sometimes lay on wet ground, or remain on the bank of muddy creeks, all night. In the month of February, 1829, I felt, one evening, an aching in the left side of my shin-bone, and a sharp ketch on the inside of my thigh, with acute pain whenever I moved off a high step. At night the contraction in my thigh became very violent, and the pain extended from the groin to the knee. The first two or three weeks of the attack, the suffering was so excruciating that it rendered me almost senseless. At the expiration of this time, the pain gradually moderated. I lay on my back with my legs drawn half up for four months, without my position being altered; after which I was able to be turned on my right side, with a pillow between my knees. At the end of six months the pains entirely subsided, but left me drawn up as before described. I was now lifted out of bed, and gradually improving, I ventured to use crutches. The contraction was such that for a long time I could apply only one half of my left foot to the ground—it was about eighteen months before I walked at all without a stick.

“During the first year I was up there came a small ulcer or sore, discharging bloody matter, just below the left buttock. I attributed it to my sitting so much.

“In the commencement of the attack, Dr. Alexander Jones, then of Lexington, Geo., was my physician. I have also applied a multiplicity of remedies to my thigh, but all to no purpose. I at length resolved to let nature take her course, and for the first five years I made considerable improvement, though it was always with great inconvenience, stiffness, soreness and pain, that I took exercise. For the last three years, I have been pretty much upon a stand; if anything, getting worse.

“It has now been more than eight years since this disease has been seated in my left hip or thigh, and I have not been able, for the time mentioned, to ride a horse half a day without great soreness and contraction of the limb affected, apparently shortened at times two or three inches. I have also not been able to walk half a mile without debility, and the least exercise would produce great suffering. I walk with my foot turned in, which increases more and more as I exercise.

Oct. 21st, 1838.

Signed,

ALLEN A. BEALL.”

On the 30th of May last, having procured a suitable place for my patient, I made a minute examination of his case. He had a considerable limp in walking, more especially when he commenced to walk, and invariably used a stick. He is a very muscular and robust man, aged 22. His left extremity was full one inch shorter than the other, nor when placed in the horizontal position, would traction reduce it much. Both the thigh and leg are much smaller than the right. The foot was turned inwards, and the whole limb inclined in this direction. The foot could not be carried out farther than about twelve inches from the median line of the body. There was a small depression and a round cicatrix near to the left ischium. In the internal and upper third of the thigh there was a *hard substance*, feeling like a hempen rope, situated just under the skin. It was about four inches long by one and a half broad. However relaxed the thigh might be made, this diseased mass

still presented the same resisting, insensible, cartilaginous hardness. It could be isolated from the surrounding tissues, all of which appeared to be normal. It was taken for a fibrous degeneration of the adductor longus femoris muscle. The shortening of the limb was attributed to the permanent disorganization of this muscle, with the inclination of the pelvis from long habit. There was no symptom of disease in the hip-joint.

Before resorting to an operation, it was deemed prudent to place Mr. Beall upon a treatment, with the view of effecting some change, or of ascertaining something of the nature of his disease. This consisted chiefly in the use of warm bathing, heated vapor, and the most stimulating liniment, which were continued for about twenty days, without producing any appreciable benefit. Mr. B. then left for his home in the interior of Georgia, to make his arrangements for the operation which had at first been proposed to him.

He again called upon me early in October, and submitted to the operation the 9th of this month. Assisted by Professors Dugas and Newton, an incision was made, commencing at the pubis and cutting upon the internal edge of the affected muscle, and extending it about five inches, in a semilunar direction. The surface of the adductor longus was then exposed, and cautiously divided with the knife and a pair of scissors, about three inches below its origin from the pubis. The upper portion was found to be converted into a fibrous tissue, which slightly grated under the knife, but the portion below the section contracted, so as to separate the cut edges of the muscle about an inch. Its degeneration, therefore, did not extend throughout its whole length, but the muscular tissue appeared to be healthy an inch below where it was divided in its course to be inserted into the os femoris. We removed from the upper portion a small section for a pathological specimen. Two small arteries required a ligature. The wound in the skin was closed by adhesive plaster, and a compress and roller completed the dressing. The patient was put to bed, and a two pound weight attached the next morning to the left foot, and allowed to hang out of the bed-clothes over the back of a chair, so as to make traction in a horizontal direction.

There was no material alteration in the length of the limb until the next day, when it commenced gradually elongating, so that when dressed on the fourth day after the operation, the difference between the two lower extremities did not exceed a quarter of an inch. At the end of a week, even this difference had disappeared, and Mr. Beall commenced using the limb. His friends, Dr. Wm. Butts, of Warrenton, and Dr. Joel Branham, of Eatonton, visited him during the second week of his confinement, and did not remark any difference in the length of the two extremities. On the 15th day after the operation my patient was out in the streets walking about, with scarcely any impediment; and on the 28th of October, the 19th day since the division of the muscle, he returned home on the Georgia railroad.

The left inferior extremity has not only been restored to its original length, but all its motions have been so far regained that the patient, before his departure from the city, could turn the foot and carry the leg

and thigh outward to nearly the same extent and almost with as much freedom as on the sound side; he was daily improving in these respects, and is in a fair way of realizing from the operation all the benefits that had been proposed.

Supposing the disease for which the operation was performed, in this case, to have been the result of acute rheumatism, may not similar cases be relieved by *surgical*, in addition to medicinal treatment?

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, DECEMBER 26, 1838.

MASTURBATION.*

M. DESLANDES's book has been read in this country and in England, till now, in the French language only. Messrs. Otis, Broaders & Co. have given the public a translation of this celebrated work, which was originally, as at present, designed to be studied by all classes of persons. After having examined it, we are constrained to confess that we were wholly ignorant of the amount of this polluting vice represented there. It is the accompaniment of civilization and refinement, as well as low life and ignorance. Physicians of extensive observation, and superintendents of establishments for the moral management of lunatics, concur in assuring us that the canker-worm of death is gnawing at the vitals of many youth of all ages, in all countries too, as portrayed by the author. Writers, with a few exceptions, are wanting in courage to depict the deplorable evils arising from self-pollution and other excesses. Important as it is that knowledge should be extensively diffused, on this forbidding topic, we cannot repress an instinctive delicacy of feeling which will not allow us to speak out with a decided tone of boldness. It is desirable, however, that medical practitioners should peruse this volume—for it will obviously prove a guide to a series of mysterious symptoms, and solve extraordinary problems in pathology. Before going to press, the text was thoroughly revised, and considerable matter added, by an eminent physician of the United States. That it is a necessary essay for the library of the practitioner, admits of no arguments—but how to introduce it to all the world, of both sexes, is the query: and unless it is thus circulated, how are sufferers to be warned of their danger? How are debasing, polluting habits to be overcome? In a word, how are the ignorant to be instructed? If it were once freely circulated, the tendency would be beneficial, because, like an alarm gun, it would give warning in season to avert a threatening danger. It might thus drive away a fiend that would ruin soul and body at the same instant, and blight the dawn of life before the individual is conscious of his duty to himself, to society or his Maker.

Improvement in Artificial Teeth.—When speaking, the other day, of Dr. Tucker's improvement in constructing mineral teeth in blocks, we

* A Treatise on the diseases produced by onanism, masturbation, self-pollution, and other excesses. By L. Deslandes, M.D., &c. Translated from the French, with many additions. Boston: Otis, Broaders & Co. Pp. 252.

were not acquainted with the fact that any other dentist, in this or other cities, had practised upon a similar plan. It will be seen by the following note from a much esteemed friend, Dr. Gray, that Dr. Flagg, as well as himself, has manufactured and inserted teeth in that way, for a considerable time. The specimen left for inspection by Dr. Gray, is, indeed, proof positive. The imitation of nature's work is truly admirable. We are by no means a stranger to the reputation of Dr. Flagg or our correspondent, and therefore expressly desire to make it manifest that we have no partiality whatever—but feel a proud satisfaction in being able to give unqualified testimony to the high, scientific, and mechanical attainments of the regularly educated dentists of Boston. By comparing Dr. Gray's gold plate for the upper jaw, we observe that the rivets are perpendicular, but in Dr. Tucker's they are horizontal. Of the merits of these two plans, those better acquainted with good and substantial dental work than our ourselves, must decide.

Dear Sir,—Your notice, in a recent number of the Medical and Surgical Journal, of artificial mineral teeth “made in blocks of two or three together, with a most perfect imitation of the gum,” as a recent improvement by Dr. Tucker, has just met my eye. Without wishing in the least to detract from the merits of that distinguished dentist, I herewith send you a specimen that I made two years since in the manner you describe, excepting that instead of “blocks of two or three together,” an entire upper or lower set is completed in three blocks, which better preserves the continuity of the gum. This block (and I have set several since it was made) was made under the direction of my highly esteemed friend and instructor, Dr. N. C. Keep, who, with Dr. Flagg, has long made them in this way in those cases where this mode is applicable. The new mode, that you mention, of securing them to the plate, I have never seen employed, and have never found the difficulty that you represent it as designed to obviate.

If you hold these teeth against the light with a newly extracted tooth, and compare them, you will find little or no difference in the degree of translucency between the natural and artificial tooth—a point which is among the most rare and difficult of attainment, and which I believe to be entirely unapproached by any other artificial teeth yet made. The imitation of the bone of the tooth dipping into and surrounded by its enamel, I think you will also find surprisingly accurate. The honor of carrying the art to this degree of perfection is due to the justly eminent dentists I have mentioned.

The distinguished gentlemen you speak of, have won so many laurels, and so well deserve them, that they will hardly wonder that their professional brethren should be unwilling silently to resign to them their own just pretensions; especially those who, like myself, having no claim whatever to the honor of the discovery, have, however, the humble but practical pretension of having availed myself of it for the last two years.

Very truly, my dear Sir, I am your obt. sert., THOS. GRAY, JR.

Medical and Physiological Commentaries.—Martyn Paine, M.D., Professor of the Theory and Practice of Medicine in the University of New York, will soon put to press a work with the above title, in two large octavo volumes, of six hundred pages each—the price of which will be six dollars to subscribers. The publisher is Mr. George Adlard, 46 Broad-

way, New York. Messrs. Otis, Broaders & Co., and Weeks, Jordan & Co., Boston, also receive subscriptions. In order that the profession may understand the author's scheme, we are induced to copy a part of the prospectus.

"The subjects examined relate to obscure and controverted questions in pathology, and embrace a critical review of some of the most important doctrines in physiology and medicine. The pathology of venous congestion; the philosophy of the operation of bloodletting—its practical application, and the philosophical and practical distinctions betwixt general bloodletting, cupping and leeching; general views of the treatment of inflammations and venous congestion; the existing theories of inflammation, and how far inflammation is concerned in structural changes; the humoral pathology, and an examination of opinions thereon; examination of views in relation to the laws of vitality; inquiry into the comparative merits of the Hippocratic and anatomical schools; examination of M. Louis's works on typhoid fever, and bloodletting, and of his numerical system and inductions; examination of Marshall Hall on bloodletting and irritation from the loss of blood; the philosophy of animal heat, especially in reference to the inductions of Dr. Edwards, with some new experiments; the laws which govern venous circulation; the application of chemistry to the philosophy of the vital functions and their results; and the theory of digestion, are among the subjects."

Diseases of Infants.—Mr. Adlard proposes to publish, also by subscription, a treatise on the diseases of infants, by C. M. Billard, of the medical faculty of Paris. The translation has been made by James Stewart, M.D. of New York, who will add to its original value by practical notes. When completed it will form an octavo of six hundred pages—at the price of \$3.00 to subscribers. This may also be procured of Weeks, Jordan & Co., and Otis, Broaders & Co., Washington street, Boston.

Albany Medical College.—Such is the enterprise of the founders of this new institution, that all well wishers to the progress of science will be gratified to know that the prospects of the usefulness of the College are most cheering. Although completely in its infancy, the organization of the several departments has received the approbation of the public.

Experience in Medicine.—After a long medico-literary dearth, new works begin to flow in with considerable rapidity. Amongst others we acknowledge a copy of an introductory lecture lately delivered at the Louisville Medical Institute, by Henry Miller, M.D., Professor of Obstetrics and the Diseases of Women and Children, which is worthy of a more thorough examination than we can give it the present week. The success of the new college is certain, while the corporation have the discernment to secure a board of faculty capable of pronouncing discourses like the one lying before us, with the above title.

Medical School of the University of New York.—Thus far we learn, officially, that the council have made the following judicious appointments, viz.—Physiology, Dr. A. Sidney Donne; Surgery, Dr. William Parker; Chemistry, Dr. Draper; Operative Surgery and Surgical

Anatomy, Dr. J. C. Beals; Hygiene, Dr. Caleb Ticknor; Clinical Midwifery, Dr. McVickar; Pathological Anatomy, Dr. Clark; Clinical Surgery, Dr. Watson. The board of faculty is not yet complete—several important chairs still remaining to be filled.

Medical Miscellany.—The last No. of the Southern Medical and Surgical Journal contains the whole of Dr. Hooker's essay on the circulation and respiration, from our pages, with a highly commendatory introduction by the editor. No. 3; by the way, is the first No. we have received of the third volume of that valuable periodical.—The large number of cases admitted to the hospitals in the East Indies can hardly be credited by those among us who do not take into account the extreme destitution of many of the natives of those countries. The annual report of the surgical and medical cases in the Central Hospital and Hospital of Surgery, in Calcutta, now before us in the India Journal, shows the total number, from 17th December, 1836, to 28th December, 1837, of medical diseases, to be 5233; ophthalmic diseases, 2217; surgical diseases (including 1715 of syphilis), 6721—making a total of 14,171 in little more than one year. And in this list, those laboring under incurable diseases, and those who absconded, are not included.—It is mentioned in the India Journal that two or three cases of spontaneous small-pox have occurred in a jail at Gowalparah, and that the matter taken from these cases produced a vesicle resembling cowpox, attended with much fever, but *no general eruption*.

TO CORRESPONDENTS.—Dr. Putnam's note was too late for this No. of the Journal. He will accept our thanks for his kindness in relation to the contents.—A paper on American Dentistry and another on Lithotripsy, are before the compositor.—The letter from Louisville, Ky., dated Dec 2d, has but just arrived. If possible to procure the article, Professor Flint shall be accommodated forthwith.

Whole number of deaths in Boston for the week ending Dec. 22, 28. Males, 11—females, 17.
Of consumption, 6—dropsy, 1—measles, 3—marasmus, 1—scarlet fever, 3—scrofula, 1—disease of the heart, 1—apoplexy, 1—intemperance, 1—infantile, 1—diarrhœa, 1—burn, 2—old age, 2—typhous fever, 2—stillborn, 1.

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct 31—eptf

ORTHOPEDIQUE INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 Belknap Street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edward Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, Geo. B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838.

ttf.

ALBANY MEDICAL COLLEGE.

THE public course of lectures in this Institution will commence on WEDNESDAY, the 2d of January, 1839, and continue sixteen weeks. The new and extensive College edifice, which has been completed during the past summer, is situated in a central position, and in architectural character, dimensions, and internal arrangement, is admirably adapted to the purposes of medical instruction. The museum of the institution occupies a room fifty feet square, two stories high, with a gallery, and glass cases above and below. It is furnished with an extensive and choice collection of specimens in healthy and morbid anatomy, together with casts, models, plates, and magnified drawings in great variety, and every kind of preparation necessary to illustrate the departments of Anatomy and Physiology, Surgery and Obstetrics. The other departments are provided with ample means for illustration, and with all the apparatus and materials necessary to render the courses full, practical and complete. The Anatomical Theatre, which will be appropriated to all the demonstrative branches, is fifty feet square, with seats for 400 persons, arranged in a circular manner around the area for the lecturer, which is lighted by a large dome and sky-light immediately above it. The dissecting rooms, which are spacious and convenient, will be kept open during the term, under the immediate charge of the Professor of Anatomy, by whom every facility will be provided for the cultivation of practical anatomy and operative surgery.

The Chemical Laboratory and other apartments are large and commodious, and well adapted to the purposes for which they are designed. The course in Chemistry and Natural History will be illustrated by extensive and richly furnished collections in Mineralogy, Geology and Botany, and to some extent in Comparative Anatomy. In Materia Medica and Medical Jurisprudence, as well as in the other departments, it is designed to exhibit as many facts and illustrations as possible, and to render every subject, so far as is practicable, a demonstrative one.

There will be clinical instruction in Surgery and Practice every Saturday during the term, at the hospital connected with the Almshouse, where there will be opportunities of witnessing a great variety of cases and surgical operations. All operations on the poor will be performed gratuitously (if in the presence of the class) during the term.

Degrees will be conferred at the close of the term, and all the powers and privileges conferred by other medical institutions of the State, will be secured to the graduate. The requirements of candidates for graduation are the same as at other institutions.

The lectures in the different departments will be delivered as follows:

Principles and Practice of Surgery, by	- - - - -	ALDEN MARCH, M.D.
Theory and Practice of Medicine, by	- - - - -	DAVID M. REESE, M.D.
Chemistry and Natural History, by	- - - - -	EBENEZER EMMONS, M.D.
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Albany, 1838.

031*

J. H. ARMSBY, Dean of the Faculty.

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

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The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vendel as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

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Jan. 3.

lyreop

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Also, for sale, a few copies of Dr. Tuckerman's Letter to Dr. Warren, on the climate of Santa Cruz. Price 12 1/2 cts. Dec. 19.

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BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIX.]

WEDNESDAY, JANUARY 2, 1839.

[NO. 22.]

MEDICAL ESSAYS.—NO. III.*

[Communicated for the Boston Medical and Surgical Journal.]

“EXTREMES ARE DANGEROUS.”

OF the extremes to be avoided, we shall first mention, in this essay, the *vicissitudes of the atmosphere*. “It is easy to see,” says a judicious author, “that there is a certain degree of constancy in the average weather and seasons of each place, though the particular facts of which these generalities are made up seem to be out of the reach of fixed laws. It is found that very hot summers, or very cold winters, raise or depress the mean annual temperature very little above or below the general standard.” We cannot but coincide with this author, and declare it as our full belief, that *all* the laws of atmospheric vicissitudes, although they may operate injuriously upon particular individuals, are yet founded in wisdom and goodness; and as such, demand the incessant study and admiration of those who have an eye to the welfare of their friends and fellow creatures. The changes which take place in the atmosphere are not the same in all places, nor do the *seasons* appear to be the same in any one place; and yet at all localities and in all neighborhoods, there is evidently, as above stated, an *average of weather and seasons*. It is often remarked by persons who have had the privilege of observation, that the seasons in this country are materially different from what they were some years ago. This observation may possibly be of some advantage in relation to agriculture, and also as a prudential consideration in regard to health. At any rate, it would seem to modify some of the habits formed in early life. It is indeed a pity that any one should entirely neglect the temperature and course of the winds, or the extent and appearance of the clouds (those watery and electric vehicles of the sky), as these are not unfrequently a very good index of the weather, and may often furnish to the invalid a very seasonable prognostic. The man who has once suffered severely from an imprudent or unlucky exposure to the weather, must indeed be pronounced very much lacking in judgment, if he refuse to take advice from *any* quarter, or does not, at least, resolve, as much as in him lies, to avoid a similar exposure.

A new term has of late years obtained in medical vocabularies. We hear of individuals who are said to have been *acclimated*. When an individual removes from the north to the south, in our own country, it is

* It is due to our correspondent to state that the irregularity in the publication of his numbers is attributable to no negligence on his part—the copy of the whole series having been received from him at once.—ED.

said that he becomes comparatively secure from the peculiar diseases of the southern country, by being *acclimated* or *seasoned*. Hence it would seem that there is such a thing in the human system, or, in other words, in the solids and fluids of the human body, as a susceptibility of being adapted or seasoned to a particular climate, so as to enjoy a greater exemption from its diseases. Our object, however, in the present essay, is to caution the reader more particularly against the extremes of *heat* and *cold* in all climates. We trust we are not singular in the opinion that cold is the most prolific source of disorder and disease. We are sensible, however, that it is by no means easy to draw an accurate line of distinction between the influence of heat and cold, and ascribe a particular disorder in the system to mere cold, wholly unconnected with heat. In doing this, it might be said, perhaps, that we were unphilosophical, or that we had taken a bold step against the received doctrine of animal temperature; although it is asserted, under no slender authority, that the "matter of heat has no agency in the temperature of bodies." *Cold* commences its ravages at a very early age. Dr. Trevisan, in Italy, and MM. Villermé and Milne Edwards, in France, have ascertained, by their researches, that at least sixty-six *infants* out of one hundred die by being exposed to cold air a few days after birth. The mortality of new-born children in certain towns and districts in our own country, is such as to demand the most assiduous attention of every humane man and woman. Every faithful physician will of course make it his business to inquire into the *causes* of this calamity, and provide a suitable remedy.

The vicissitudes of the atmosphere, then, against which we would caution our readers, and the avoidance of which will prevent disease and secure a greater amount of health, may be said to consist in the sudden changes from hot to cold, and from cold to hot weather, accompanied with more or less humidity in the atmosphere. The exposure to which we have alluded is, in fact, a voluntary presumption upon the *constancy* of the seasons, and a sudden venturing upon forbidden ground; and so long as human nature remains the same, characterized as it is by thoughtlessness and carelessness, we may look for nothing better than these imprudences. There is also a species of recklessness in some individuals, who seem to take a pride in venturing upon the extremes of heat and cold. Habit, it is true, exerts a great influence both in health and disease; and we not unfrequently hear one and another allege, that they are *accustomed* to the very exposure to which we allude. It may be so, but still we deem it our solemn duty to lift a warning voice against such a practice.

Cold and heat, generally, make their first attack upon the extremities of the human system, and their natural tendency is to diminish the proper action of some one organ or tissue. "Exposure to cold," says one, "by checking the action of the skin, increases that of the lungs; hence, inflammation of the mucous surface, and even of the substance of the lungs. Living in damp rooms, with bad food and cold air, produces inflammation of the lymphatics, by diminishing the vitality of the heart and arteries." "Excessive heat," says another, "disposes the body to

inflammatory diseases, and particularly to inflammation and enlargement of the liver."

As we do not and cannot treat at large upon the nature and power of these two great agents (heat and cold), we would simply urge the reader to seek some protection at least from their influence, provided necessity should demand an exposure. The hands and feet are the extremities most liable to cold, and much may evidently be done by every person for the purpose of preserving their proper temperature. Since we began to pay that attention to our own health, that duty seemed to require, we have experienced much benefit from our endeavors to preserve the equal temperature of our feet. Indeed we have been disposed in all seasons of the year, and in every vicissitude of the weather, to regard the state of our feet as a sure index of the state of our health. To have cold feet, habitually, is not only to experience an unpleasant sensation, but it is a most certain evidence of some morbid affection in the system. It was customary among the Orientals to wash the feet of a traveller before he retired to rest, and the practice was probably beneficial to health. But as the same occasion of washing the feet does not exist in this country, we would only urge upon our countrymen an habitual washing for the sake of cleanliness, and for the purpose of preserving the proper temperature of the feet. In a future essay we shall drop some further hints upon maintaining the proper temperature of the extremities of the body, especially as it stands connected with the all-important doctrine of the circulation. In regard to the injury that may be inflicted by a vertical sun, or what is sometimes called a stroke of the sun, it happens so rarely that we need only mention it; nor does it seem necessary for us, in this place, to do more than to suggest the danger of rudely thrusting the hands or feet into a hot element—an instance of indiscretion, chargeable only upon the insane or the intoxicated.

It seems very evident that the augmentation of the sensibility of an organ, will produce a greater afflux of blood to that organ, and also that a great excitation of any organ or vessel will naturally occasion febrile disturbance. These are principles so generally admitted, that we need not spend time to confirm them. Hence it follows, that any great labor or violent effort of mind or body, violent anger, or any other passion, carried to a high pitch, frequent and long watchings, and deep anxiety and dejection of mind, will pre-dispose the system to disease, and should be carefully avoided. Those persons who, from necessity or a sense of duty, are exposed to the influence of long watchings, are bound, from a like sense of duty to themselves, to take every precaution which circumstances will admit, and prudence dictate. The number of young men who injure their health by hard study and close application is so small, and a martyr to human learning is so rare among us, that we would simply advise the hard student to adopt a suitable diet and proper exercise, and also to consider well those examples which literary biography presents, of individuals of slender constitution who (by proper exercise and regular habits) have performed achievements in literature. Let it suffice to name the elder *President Edwards*, who, although he had a feeble constitution from his birth, contrived to apply himself to

his studies quite *eight hours* a day. And it may be said, with truth, that the productions of Edwards were more numerous, and displayed more labor of intellect, than can be said of any one of his contemporaries, and perhaps of any one man, in any age, during so short a life.

Of the extremes to be avoided, we shall next mention the *inhalation or breathing of impure air*. It is a point well ascertained, that atmospheric air loses its oxygen (the grand constituent of its purity) by constant respiration, especially in crowded apartments. The air, in such situations, is said to be *stagnated*, or loaded with impurities; and hence, says Dunglison, "one of the greatest hygienic improvements of modern times, has been a proper attention to circulation of air." Our object at present is not so much to treat upon the benefits of a change of air, as it is to urge, by way of precaution, the proper ventilation of confined apartments. The importance or necessity of introducing fresh air into prisons, did not escape the notice of the benevolent Howard in his researches in the dungeons of Europe; but, indeed, this is so obvious, that one is surprised at its being so generally neglected. The common neglect accounts at once, in a good degree, for the great depreciation of health among criminals in a state of confinement. We could never bring ourselves to yield to the notion that it is impossible properly or safely to ventilate every dungeon. We believe it may always be done, though it may demand a species of skill not usually possessed or practised. There is doubtless a great want of skill and judgment in the erection of dwelling houses in relation to this matter. We are fully convinced that every dwelling house may be so constructed, as to admit of such a free circulation of air as would secure (all things being equal) the good health of the inmates.

It is not an uncommon circumstance for the learned and the unlearned to institute comparisons between one situation or locality and another, and give the preference in point of health to that which is more elevated and airy. But we are prepared, from actual observation, to assert the fact, that families located upon comparatively low grounds not unfrequently enjoy a greater amount of health, than those which occupy more elevated stations. More health is generally enjoyed by families located immediately on the banks of the *Mississippi*, than upon the hills at moderate distances from the river. The same fact has been observed in a particular section of one of the largest counties in Virginia. One thing, however, is pretty well ascertained, that, at every preferable locality of that sort, there is a provision for a *free circulation of air*. It seems that a mistake is sometimes committed, by cutting down all the trees adjacent to an elevated situation, as these may serve very much to promote the purity, as well as a free circulation of the air.

Enough has already been said and written upon *choke damp* and *fire damp*, and the poisonous nature of certain gases produced by the chemist. Our essay is intended (however illy adapted it may be) for general reading, and of course it will not admit of a chemical or philosophical discussion of these wonders. Let it suffice, at present, to observe, that whenever any one is under the necessity of advancing into those places where fixed air has been known to exist, it would be a wise precaution

to take a lighted torch along, and retire immediately at the first sign of its being extinguished.

Before we close this essay, we cannot forbear offering one remark upon a change of air, by way of removal from one place to another. We have actually known a visit to the Springs of Virginia of more service, by way of a change of air, and the exercise and circumstances of the journey, than by any virtue in the waters themselves, although the evidence in favor of those waters is very great, and such as accumulates every year.

AMERICAN DENTISTRY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have been prevented, till within a few days, from the perusal of a few of the last Journals; and in looking back, I find in No. 17, dated November 28th, under the head DENTAL SURGERY, a short paragraph introductory to a letter purporting to be "from Mr. Robert Nasmyth, Dentist, of Edinburgh, in answer to one written to him some time since by Henry A. Dewar, M.D., of Boston."

The remarks made in that paragraph, and some of the statements in the letter (a letter surely never intended for publication), so far as they may claim attention from your readers, are calculated to produce impressions which I cannot consent to have circulate through the extensive path in which your useful periodical passes, without a few observations which may tend to place both the subjects and the objects of the above-mentioned publication, in their true light.

In that leading paragraph (which I take to have been written by Dr. Dewar himself), it is stated that Dr. Dewar had written to Mr. N. concerning certain matters "relating to the practice of dentistry, in this country, and more especially to the important branch of filling teeth, in which many decided improvements have been made, and which are as yet but little known either in this country or in Europe, for reasons which American dentists can best give."

What Dr. Dewar meant by this pointed insinuation is not for me to say; but the only inference which can be drawn from such an observation, as must have been clearly seen by Dr. Dewar, is, that owing to the illiberality of American dentists, the improvements which are made by individuals are confined to the few by whom they are introduced. But it must be said, to the credit of those who are regularly educated to the profession, who are best informed, and to whom we are indebted for the improvements which have been made, that they are not of the class who are given to jealousy and secrecy. If they were, it would not have been so easy for Dr. Dewar to have written to his friend an account of American improvements. They communicate freely with each other, and teach their pupils without reserve all that pertains to their profession. They do not, indeed, often publish in medical periodicals every little improvement in their treatment of the diseases of the teeth or in their modes of operating, till they have

been fairly tested; but then they appear in due time, either in these or in works of another form. Nor do they choose to spread them abroad in the columns of a newspaper, for the convenience of those who are picking up the means of practising dentistry at some rate or other, regardless of the manner, and indifferent to the public good. And it is not becoming in a young foreigner, who has been treated with all due attention and confidence by Boston dentists and others, until they understood his movements in relation to themselves, and then with great forbearance, to be in any way the author of such a paragraph as the one we have noticed, or of the publication of such a letter as that which follows it, considering the evident purpose for which it has been done.

In that paragraph it is also stated, that "it is to Dr. Hudson, of Philadelphia, that the world has been chiefly indebted for the high stand which dentistry has taken," &c.—and that "he was the first who showed that it was possible to retain the teeth that nature had given, in most instances, instead of trusting to art to replace them."

What can Dr. Dewar mean by such an assertion as this, except, after mentioning American improvements in dentistry, to throw the principal credit back on a foreigner? He knows, or has been told, as much of the well-merited reputation of Dr. Heyden, of Baltimore, and of Mr. Parmley, of New York, as he has of Dr. Hudson. And he has been informed, also, of the professional reputation of the senior Dr. Flagg, late of this city, to whom, if to any one person, the credit is due for introducing an effective mode of treatment for arresting the diseases of the teeth, which treatment he practised, and explained to many medical contemporaries, before Dr. Hudson came to this country. Dr. Dewar likewise knows well the important standing of many others, who are now in the vigor of life, with twenty years experience or more in their profession, to some of whom the improvements in dentistry for the last fifteen years, owe their origin. He ought to know, also, that in no single department of surgery has there been more improvements during the same period, and that the use or application of them has been attainable to all who would avail themselves thereof by sharing in any *honorable* and *reasonable degree* the labor and cost of introducing them.

With regard to Mr. Nasmyth's letter, I would say nothing which should reflect discredit to that gentleman; I have for several years known him by reputation, as a celebrated and excellent dentist, and one much more disposed than his correspondent to reciprocate the civilities of his American brethren of the profession.

It was evidently intended as a private letter, and it was unjust to Mr. Nasmyth, to the readers of the Boston Journal, and to American dentists particularly, to publish it in the manner that it has been.

It was done to direct attention to *Dr. Dewar's liberality* in collecting the various American improvements in dentistry (without adverting to the *manner* in which he obtained the information), and then freely communicating them to his countrymen.

But Dr. Dewar contemplates returning to Edinburgh to establish himself (his own word for this), and there is no small evidence of worldly wisdom in his paving the way for a favorable reception by Dr. Nasmyth.

See what his plans are for this purpose! He has been made to believe that the great *secret* and excellence of filling teeth depends on the particular mode in which pieces of gold are curiously placed in them, more than on the knowledge, skill and experience of the operator; and he sends a tooth, which has been filled in a vise by a *Hudsonian operator*, to Mr. Nasmyth, for the purpose of illustrating the different steps of an important and often difficult operation; which is about as sensible as it would be to send an amputated limb to St. Thomas's, in London, to show how adroitly the surgeon had removed it, at the Massachusetts General Hospital.

Specimens of American mineral teeth are also sent to Mr. N., and by the remarks in the letter, he no doubt viewed them as made by Dr. Dewar, and so the latter would have it understood by those who read the *Journal*; yet they were probably the porcelain teeth made in Philadelphia, which are better than any that are yet manufactured in Europe, but not to be compared with the best which are made in this city, by several dentists, who prepare them for their own operations only; and it is well known that Dr. D. had it not in his power to make even a tolerable imitation of them, at the time his letter to Mr. N. must have been written—and there are good reasons for believing that he has not made a mineral tooth, such as should be used, since he has been in Boston.

In the next place, I must state that there is nothing new in the letter relating to dentistry, nor was it so pretended by the writer; then why was it given to the public by Dr. D., except to present the appearance of something new from abroad, and to produce an impression in his own favor, regardless of its correctness, or the bearing it would have on American dentists.

The forceps for filling the molar teeth, and even others for the front teeth, which Mr. N. thinks might be contrived, have been used in this country thirty years.

The extracting instrument mentioned in the letter is no recent improvement, although it was noticed as such in a previous number of the *Journal*—the 15th. It was introduced twenty years ago—was constructed by Dr. Martin, now of this city—is only a variation of the old German key, the use of which is now generally given up for the forceps; and the first that was made from the inventor's pattern is now in his possession at my house. *And all this Dr. Dewar knew* before the publication of Mr. Nasmyth's letter.

One thing more, not new, mentioned in the letter, is the amalgam of silver for filling teeth, made with a large portion of quicksilver—a base article, which never ought to be used in the teeth, and never ought to be publicly brought to notice, except as it was by Mr. Parmley, of New York, a few years since, to expose the vile practice of the Messrs. Crawcours, who were committing their depredations in that city by the use of this or a similar compound. Mr. Nasmyth states that it is very useful in cases where there is too much tenderness to allow the use of tin or gold—as where a nerve is exposed, &c. Owing, however, to late improvements, we find no such cases. Any tooth which has enough

of its crown left to be worth saving, and which is not wholly or nearly ulcerated, can be saved by proper treatment, and gold filling.

I wish I could have expressed what I had to say in fewer words and with less personality, than I have done; but I could not in justice to those whom it concerns. There is no reason for bearing with the man in submissive silence any longer. All his manœuvres have been of a piece—for while he has received the attention in this city already mentioned, he has, at the same time, by a standing notice in your Journal, for a year or two, directed the public eye to himself as advantageously situated to receive a number of pupils, and to afford them every facility and accommodation, and give them all the instruction requisite to render them accomplished dentists; when it was well known, by those who knew him best, that he was not in any due degree prepared to do anything of the kind in the manner in which it should be, and in which it was done by others in the city.

Yours, &c.,

J. F. F.

No. 31 Winter Street.

DESLANDES'S ESSAY.

[THE following letter, to the editor, from Dr. Woodward, the distinguished Superintendent of the Insane Hospital, at Worcester, speaks so particularly of the merits of Deslandes's treatise on masturbation, that we avail ourselves of his remarks with a view to encouraging practitioners to read a work which will be of great service to them in the course of a professional life.]

DEAR SIR,—I have given the little volume, which you was so obliging as to send me, a hasty perusal. The facts which it contains are numerous and interesting, and the results of the observation of the writer coincide very much with my own, as you probably discover. The experience of the author is much more extensive than mine, and his conclusions of the universality of the habit in infants and young children may be too sweeping. I have no doubt the habit exists to a greater or less extent; I have seen it myself in a few cases very young. The opportunities for discovering its extent with females is much greater in France, than in this or perhaps any other country. It is doubtless very much more common in this country than is generally supposed, or than most medical men are ready to believe. That it is a most fruitful source of ill health and fatal disease with the young, I have no doubt. In this respect I think the volume is calculated to do much good to the professional reader. I am of opinion that it is decidedly the best book extant on the subject, for the physician, and it is designed for the profession principally. I hope, therefore, it will go into extensive circulation, and that the faculty will all procure it and peruse it thoroughly. From our brethren the subject has not received the attention which it merits. Many have doubted the extent of the evil and the mischief which results, merely because they have not inquired. The views of the writer are excellent on this subject. We must inquire of our patients as *medical men*, and not as *moralists* who are to follow a discovery of the fact

with lectures and anathemas on its moral turpitude and sinfulness, if we wish to come at facts, and we shall generally find little difficulty of learning the whole truth, particularly from young men.

I have nothing to do with the writer's theories, or the mode of accounting for many phenomena, which he adopts; and after saying that I should think him occasionally extravagant in his descriptions, and too general in his conclusions, I would suggest that the book is an excellent manual, and decidedly the best for the physician of any that can be found in the libraries.

Yours, respectfully,

Worcester, Dec. 24, 1838.

S. B. WOODWARD.

RECENT VACCINE LYMPH.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I recently vaccinated some children with matter received from Mr. Estlin, of Bristol, England. He had the rare opportunity of getting it directly from the cow. He states that "the cow diseased was at a farm in Gloucestershire, about the 7th of August, 1838. Miss A. was infected by milking.

Jane	—	inoculated from Miss A.	-	-	-	Aug.	11
Stoll		vaccinated from the above	-	-	-	"	23
Stiff	"	"	-	-	-	Sept.	1
Morris	"	"	-	-	-	"	12
Frankham	"	"	-	-	-	"	19
Webb	"	"	-	-	-	"	26
Holden	"	"	-	-	-	Oct.	3
Halton	"	"	-	-	-	"	10
Chalk	"	"	-	-	-	"	17

from the latter of whom the matter now forwarded was taken on the 8th day, October 24, 1838."

With this matter I vaccinated, on the 14th of this month, Andrew Roberts, a healthy infant, æt. 4 months. The quills I send you were charged, to-day, from a perfect vesicle on his arm.

In order to compare this matter with that which we have hitherto employed, "it is desirable to select healthy children and such as are free from cutaneous disease."

Yours, &c.

Boston, Dec. 21, 1838.

C. G. PUTNAM.

N. B.—I shall have a full supply in the course of a week, for any of your correspondents who may wish to try it.

C. G. P.

THE EYE.

SIR DAVID BREWSTER laid before the British Association for the Advancement of Science, at their last session, a series of beautiful preparations of the eye made by Mr. Clay Wallace, an able oculist in New York, calculated to establish some important points in the theory of vision. As no paper accompanied these preparations, which had reached him at Newcastle, Sir David Brewster explained to the meeting their

general nature and importance. Mr. Clay Wallace, he stated, considers that he has discovered the apparatus by which the eye is adjusted to different distances. The adjustment is, he conceives, effected in two ways—in eyes which have *spherical lenses* it is produced by a *falciform* or hook-shaped muscle attached only to one side of the lens, which by its construction brings the crystalline lens nearer the retina. In this case, it is obvious that the lens will have a slight motion of rotation, and that the diameter, which was in the axis of vision previous to the contraction of the muscle, will be moved out of that axis after the adjustment, so that at different distances of the lens from the retina different diameters of it will be placed in the axis of vision. As the diameters of a sphere are all equal and similar, Mr. Clay Wallace considered that vision would be equally perfect along the different diameters of the lens, brought by rotation into the axis of vision. Sir David Brewster, however, remarked that he had never found among his numerous examinations of the lenses of fishes any which are perfectly spherical, as they were all either *oblate* or *prolate* spheroids, so that along the different diameters of the solid lens the vision would not be similarly performed. But, independent of this circumstance, he stated that in every solid lens there was only one line or axis in which vision could be perfectly distinct, namely, the axis of the optical figure, or series of *positive* and *negative* luminous sectors, which are seen by the analysis of polarized light. Along every other diameter the optical action of the lens is not symmetrical. When the lens is not a *sphere*, but *lenticular*, as in the human eye or in the eyes of most quadrupeds, Mr. Clay Wallace considers that the apparatus for adjustment is the ciliary processes, to which this office had been previously ascribed, though not on the same scientific grounds as those discovered by Mr. Wallace. One of the most important results of Mr. Wallace's dissections is the discovery of *fibres in the retina*. These fibres may be rendered distinctly visible. They diverge from the base of the optic nerve, and surround the *foramen ovale* of Soemmering at the extremity of the eye. Sir John Herschel had supposed such fibres to be requisite in the explanation of the theory of vision, and it is therefore doubly interesting to find that they have been actually discovered. Sir David Brewster concluded his observations by expressing a hope that anatomists in that country would turn their attention to this subject; and that, with this view, he would place the preparations of Mr. Clay Wallace in the Exhibition Rooms at Newcastle during the week.

LUNACY IN ENGLAND.

FROM a return made to the House of Commons (1836), it appears that the number of pauper lunatics was as follows:—*Paupers* confined in asylums built under the provision of the 9th George IV., c. 40—as *lunatics*, males, 1260, females, 1350; *idiots*, males, 90, females, 801;—confined in private lunatic asylums, as *lunatics*, males, 659, females, 744; *idiots*, males, 35, females, 53;—under the care of parish officers, as indoor or outdoor paupers, *lunatics*, males, 915, females, 1474; *idiots*,

males, 3247, females, 3760. Total, lunatics, 6402; idiots, 7265; lunatics and idiots, 13,667. Lunatic paupers and idiots alone form 0.00098 of the entire population, or 1 in 1024. In 436 Unions, there were 5259 idiots (2602 from birth), and 3841 lunatics, of whom 2601 were deemed incurable. Of 1000 not more than 286 were congenital idiots; while the entire class of idiots amounted to double the number, or 578; 422 were lunatics, of whom 287 in the 1000 were considered incurable, 135 curable. From the last Parliamentary returns (1831), it appears that there were about 108 licensed lunatic asylums in England—70 in the country, 38 in the metropolitan district; and that the houses contained 4495 insane patients. If we assume that the number of pauper lunatics, in licensed houses, was 1491, as in 1836, it will leave 3004 private patients to be added to the 13,567 before enumerated. As the lunatics in private custody are not counted, and great numbers are known not to be enumerated, we cannot set down the insane persons in England at much less than 20,000. The majority of the insane are naturally paupers, as the maintenance of a helpless lunatic by poor people is absolutely impossible. But the rich are not exempt from insanity; and it was ascertained in 1833, that the clear annual income of 399 lunatics, confined under the Crown alone, amounted to nearly 305,966*l*. The incomes of 351 amounted to 269,158*l*.; the income of 48 was not, at the time, ascertained. The average annual income of each lunatic in the care of the Lord-keeper, was 766*l*. 16*s*., and the entire property of these, if the clear revenue be 4 per cent. on its value, must amount to 7,649,000*l*. To this must be added certainly not a smaller sum for the 3000 private patients under confinement in licensed houses. The property belonging to the insane in England must amount to *fourteen millions sterling*; and the clear annual revenue of their estates and properties to somewhere about 600,000*l*. a year.—*London Lancet*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 2, 1839.

THE TRUE VALUE OF MEDICAL EXPERIENCE.

SUCH is the title prefixed to an introductory lecture delivered in the Medical Institute of Louisville, Ky., at the commencement of the present term, by Henry Miller, M.D., Professor of Obstetrics and the Diseases of Women and Children. One evidence of the value placed upon this performance, may be gathered from the fact that a respectable committee of the class solicited the manuscript for publication. This was a flattering tribute to the talents of Dr. Miller. And more particularly so, from the circumstance that he had not anticipated the honor. In his answer to the committee the following remarks occur: "I do not estimate it as highly as those who did me the honor to listen to it, and it was *conceived* and *delivered* without the remotest idea of its publication being solicited." Thus we discover that Dr. Miller made an honest

expression of his own individual thoughts upon a subject which has long exercised the profound attention of men in all conditions of life. We make a few quotations.

"The first and most essential quality of valuable experience, which we shall mention, is, *that it grow out of an intelligent and discriminating observation of the phenomena that are its objects.* These phenomena are the product of the action of external agents on the human system, and the object of investigation is the discovery of the order of their sequence, or the assigning of a cause for each successive effect that may be developed."

"The connection between the disease before us and the cause which we assign for it may have no other than an imaginary existence, and yet the evidence collected in a hasty examination may be regarded, by a superficial inquirer, as demonstrative of its reality. The error which may be easily committed here is accusing as the morbid cause a certain cause, for no other reason than its propinquity to the disease. The latest irregularity or disturbing influence to which the patient may have been exposed, is apt to be arraigned as the cause of his malady, while it may, in truth, have no connection whatever with it, or at most have only favored its germination. But if the search after morbid causes may be frustrated, much more difficult is the tracing of their effects on the system, for these are evolved in obedience to the vital laws which govern its several component parts. All diseases, however simple, are composed of a number of phenomena successively arising, between which such a relation exists as authorizes us to consider that which immediately precedes the *cause* of that which follows. In other words, disease is a cation of morbid phenomena, and the object of our researches is the discovery of the order of their succession. Nor is this merely a curious inquiry—on its successful prosecution depend all rational views of pathology and practice. Ignorance of any link in the morbid chain mutilates the whole; while the misplacement, or undue exaltation or depression of any one, leaves only a distorted perception of the disease, which cannot fail to influence prejudicially its remedial management."

"At all periods in the history of medicine, the rage has been the discovery of *new* remedies. Earth, air and ocean, the vegetable, animal and mineral kingdoms, have been ransacked—their products have been tortured in the chemist's crucible, to extract some principle of wondrous potency, not without hope that nature might be betrayed into the revelation of an elixir, reversive of her irrevocable sentence, and conferring immortality on earth to man. Nor has this earnest search been without fruit—a multitude of substances, solid, liquid and aeriform, have been discovered, possessed of active sanative properties; but amidst this copious pharmacopœia, how many articles are there whose *modus operandi* is well understood, whose effects on the system, in health and disease, have been thoroughly investigated? With reference to any one article of the *materia medica*, is our knowledge of its properties so minute as to enable us to predict its precise operation in the various kinds and grades of disease to which it may be applied? To make correct observations on this subject is no child's play, nor is it the work of an individual or of a single generation. The effect of medicines is not the same in health as in disease—in one disease as in another, and every disturbing or modifying influence is to be taken into the account, in all our inquiries to learn their true properties and remedial application.

"Notwithstanding the advanced age if not *state* of medicine, it may

well be doubted whether we are possessed of such accurate observations as to be acquainted with the precise value of a remedy, which has been employed and maintained its reputation longer than any other, albeit certain wisacres have undertaken to decry it—we mean *bloodletting*. The recent researches of Louis, conducted upon the principles of the numerical method, render it doubtful, at least, whether the lancet is as potent an agent in pneumonitis as it has been generally esteemed. With relation to this and every other therapeutical agent, there is need of additional observations, prosecuted, if not according to his plan, with the exactitude and in the philosophical spirit of the great French pathologist. Then, and not till then, will something like the same certainty, which distinguishes the physical sciences, be introduced into medicine.”

Although incompatible with the usages of our Journal to copy extensively, we are unwilling to leave Dr. Miller without making one more extract.

“The popular conception is, as we have said, that a physician’s acquisitions are in proportion to the number of observations he has made, as if he knows nothing as he ought except what he has learned for himself; and the *senior* members of the profession not unfrequently endorse this, by the admission that their juniors are clever, promising men, coupled with the significant intimation that they *lack experience*. It is true that medicine is or ought to be only a collection of *facts* and *principles*, which are nothing but general facts, ascertained by the comparison and classification of individual ones. But how many of these facts is it the privilege of any single person to furnish? Probably he who plumes himself most on his experience has not contributed a solitary new fact, although in his ignorance of the labors of his predecessors, he may imagine that he has done wonders. He, in common with his brother who started after him, is continually drawing upon the great fountain of facts which the experience of ages has accumulated, and which possesses this property of the Pierian, that shallow draughts intoxicate the brain, and drinking largely sobers us again. He has enjoyed, indeed, multiplied opportunities of verifying, and not a few of rectifying the observations of those who preceded him. With regard to the medicines, especially, which he has been in the habit of using, he has not been without the means of ascertaining, with greater precision, their shades of difference, the indications for their employment, and the effects which they may be relied on to produce, in the diversified morbid states for which he has daily administered them. But is medicine ordinarily practised in the philosophical spirit—the chief attribute of which is freedom from theoretical prepossessions and a stern determination to follow nature in the pursuit of facts, without which advancement in science is impossible? We fear, or rather we *know* that it is not. The mass of physicians rest satisfied with the attainments they make during their pupilage, or if they look with unwonted interest into the manifold phenomena which court their inspection, too often they see through the spectacles of theory, which moulds their pliant observations to its shape. What advantage, then, has the experienced over the inexperienced physician? Viewed in the light of sober truth, he has not generally whereof to boast. He is more skilled in the *tactics* of his profession; he does not necessarily know *more*—he may know *less*; he has only been drilled in the application of knowledge derived from others.”

On the whole, the students who were the active agents in giving publicity to this excellent discourse, deserve commendation for their pene-

tration. It is worth more to the college than a donation, because it evidences to the world that there is substance—more substance than show—in the medical faculty.

Brown's Improved Injecting Apparatus.—The inventor of this compact and economical apparatus will reap the benefit of his ingenuity. In the first place, the entire bulk of the whole instrument is so small, that, upon emergency, it might be packed in a waistcoat pocket. Another advantage over the whole catalogue of contrivances now generally in use, is its extreme simplicity. It can never, necessarily, get out of order. Those most familiar to us, retailed by the druggists at a high cost—wholly beyond the reach of a person of moderate means—have long flexible tubes, ivory fixtures, and metallic show-bills in the shape of copper plates, gilded screw heads, &c., entirely useless, but, nevertheless, expensive. Here we have the smallest possible quantity of metal to pay for, connected with a sack, in the shape of a conical tube, manufactured from Goodyear's patent India rubber, a species of manufacture which sustains a high reputation wherever its good qualities are known. Lastly, it is truly what it purports to be, an excellent, economical self-injecting instrument. Mr. Brown deserves the patronage of the afflicted and those who are under the necessity of resorting to mechanical means to preserve an even standard of health.

Medical Examiner.—The journal having the above title has been published at Philadelphia every fortnight during the past year. During this time, it has been ably conducted by Messrs. Biddle and Clymer, two intelligent and zealous members of the medical profession. Hereafter Dr. Gerhard, the able pathologist, will be associated with them, and the work will be published every week. It will contain, as it has done heretofore, lectures delivered at several institutions in Philadelphia, bibliographical notices, clinical reports, therapeutical details, &c. &c. Among the lectures thus circulated are several by Drs. Chapman, Jackson, Gibson, Gerhard, &c. In one of the late numbers is a very interesting summary of the life of Jenner. The original editors are determined to make their undertaking worthy of patronage, and we are glad to see that they have engaged Dr. Gerhard to assist them. We commend their journal to the medical profession, for we believe that a periodical under the direction of such editors will ever be true to itself and to the highest principles of medical investigation.

We understand that Dr. H. I. Bowditch, of this city, has been authorized to receive subscriptions. Price \$5,00 per annum.

Louisville Medical Institute.—A correspondent, belonging to the Louisville Medical Institute, writes that the students number one hundred and eleven, and further, that the college edifices far exceed, in point of convenience, any medical establishment in this country or Europe. A particular description of each and all things pertaining to the institution would much oblige us. It is desirable that we should be in possession of it, with the addition of an engraving, if there is to be one, by April.

Toothaker's Instrument.—A tooth extractor, having a crescent-shaped fulcrum, which has been known a considerable time to the profession,

but which was never extensively manufactured, has undergone manifest improvements, suggested by Dr. Toothaker, of South Reading, whose name is familiar to our readers as the writer of essays on medical botany. The essential improvement consists in having the fulcrum taken off readily, so as to adapt the hook for a tooth on either side of the jaw. Next, the hook is never necessarily taken from its groove in the fulcrum; and, lastly, the fulcrum is kept fast, at the end of the bar, by a spring. All these common-place conveniences have been attained before, but it is pretty certain that a really good instrument was never offered more reasonably, and we therefore recommend those interested in this branch of the profession, to call at the Messrs. Brewers, Washington street, Mr. White's apothecary shop, in the same street, and Mr. Kidder's, Court street, and examine the article, or at this office.

New Edition of Laennec.—Messrs. Wood, of New York, the publishers, will please accept our thanks for a copy of the above work, enriched by notes and translations from Andral, by our neighbor, Dr. John D. Fisher, of Boston. It came too late to receive further attention the present week, than barely to say that it is a large octavo of 782 pages, well printed, and on sale at Ticknor's, in Washington street.

The Scurvy.—The British ship Exmouth, which lately carried out recruits from England for the India service, was obliged to put into port on her passage, on account of the extensive prevalence of scurvy among the troops on board. The occurrence of this disease in ships is uncommon of late years, and is thought in this instance to have been occasioned by the inactive life led by the recruits on the passage. It disappeared shortly after they were sent ashore for a day or two, and had taken on board a supply of fresh meat, fruit and vegetables. In the early voyages round the world, hundreds of persons commonly died on board of one ship by this disease.

Acknowledgment.—The editor of the American Medical Almanac takes this method to inform several gentlemen with whom he has not the pleasure of a personal acquaintance, to whom the above named work has been sent, that they were presented with it by one of the profession of Boston, who often does liberal deeds; and as in this case he refuses to have his name disclosed, it is an act of justice to make this explanation.

Whole number of deaths in Boston for the week ending Dec. 29, 40. Males, 21—females, 19.

Of consumption, 8—brain fever, 1—dropsy, 1—measles, 2—intemperance, 1—sudden, 2—marasmus, 2—lung fever, 3—scarlet fever, 5—dropsy on the brain, 3—infantile, 3—fits, 2—hydrocephalus, 1—old age, 2—bowel complaint, 1—inflammation of the bowels, 1—stillborn, 1.

NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

Oct. 17—lycep

SETH W. FOWLE,
33 Prince St. corner of Salem St. Boston.

FOR SALE,

WITHIN thirty miles of Boston, an estate now occupied by a physician, who is about to leave the place. It will be sold at cost, which is between 2500 and 3000 dollars. The practice is a valuable one, as can be satisfactorily shown to any applicant. For name and place, inquire at this office; if by mail, post paid.

Nov 21—3t

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post-paid*, without which no letter will be taken from the post office.

Oct. 25.

ALBANY MEDICAL COLLEGE.

THE public course of lectures in this Institution will commence on WEDNESDAY, the 2d of January, 1839, and continue sixteen weeks. The new and extensive College edifice, which has been completed during the past summer, is situated in a central position, and in architectural character, dimensions, and internal arrangement, is admirably adapted to the purposes of medical instruction. The museum of the institution occupies a room fifty feet square, two stories high, with a gallery, and glass cases above and below. It is furnished with an extensive and choice collection of specimens in healthy and morbid anatomy, together with casts, models, plates, and magnified drawings in great variety, and every kind of preparation necessary to illustrate the departments of Anatomy and Physiology, Surgery and Obstetrics. The other departments are provided with ample means for illustration, and with all the apparatus and materials necessary to render the courses full, practical and complete. The Anatomical Theatre, which will be appropriated to all the demonstrative branches, is fifty feet square, with seats for 400 persons, arranged in a circular manner around the area for the lecturer, which is lighted by a large dome and sky-light immediately above it. The dissecting rooms, which are spacious and convenient, will be kept open during the term, under the immediate charge of the Professor of Anatomy, by whom every facility will be provided for the cultivation of practical anatomy and operative surgery.

The Chemical Laboratory and other apartments are large and commodious, and well adapted to the purposes for which they are designed. The course in Chemistry and Natural History will be illustrated by extensive and richly furnished collections in Mineralogy, Geology and Botany, and to some extent in Comparative Anatomy. In Materia Medica and Medical Jurisprudence, as well as in the other departments, it is designed to exhibit as many facts and illustrations as possible, and to render every subject, so far as is practicable, a demonstrative one.

There will be clinical instruction in Surgery and Practice every Saturday during the term, at the hospital connected with the Almshouse, where there will be opportunities of witnessing a great variety of cases and surgical operations. All operations on the poor will be performed gratuitously (if in the presence of the class) during the term.

Degrees will be conferred at the close of the term, and all the powers and privileges conferred by other medical institutions of the State, will be secured to the graduate. The requirements of candidates for graduation are the same as at other institutions.

The lectures in the different departments will be delivered as follows:

Principles and Practice of Surgery, by	- - - - -	ALDEN MARCH, M.D.
Theory and Practice of Medicine, by	- - - - -	DAVID M. REESE, M.D.
Chemistry and Natural History, by	- - - - -	EBENEZER EMMONS, M.D.
Anatomy and Physiology, by	- - - - -	JAMES H. ARMSBY, M.D.
Obstetrics and Diseases of Women and Children, by	- - - - -	HENRY GREENE, M.D.
Materia Medica and Pharmacy, by	- - - - -	DAVID M. McCLACHLAN, M.D.
Medical Jurisprudence, by	- - - - -	AMOS DEAN, Esq.

The price of tickets to all the lectures is \$65. Graduation fee, \$20. Matriculation fee, \$5. Dissecting fee, \$5. Graduates, licentiates, regular practitioners, and students who have attended two full courses of lectures at any incorporated institution, are required to pay only the matriculation fee.

The price of boarding and lodging varies from \$2.50 to \$3.00 per week.

Albany, 1838.

OS1*

J. H. ARMSBY, *Dean of the Faculty.*

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.,
WINSLOW LEWIS, Jr.

Oct 31—eptf

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 18th day of February, 1839.

Anatomy and Surgery, by JOSEPH ROBT, M.D., of Boston.

Theory and Practice of Physic, Obstetrics, and Medical Jurisprudence, by JAMES McKEEN, M.D.

Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The Anatomical Cabinet and the Library are annually increasing.

Every person becoming a member of this Institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the lectures is \$50, payable in advance. The lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, Me., October, 1838.

D. 5—copft

P. CLEVELAND, *Secretary.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$2.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

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THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XIX.]

WEDNESDAY JANUARY 9, 1839.

[NO. 23.]

DR. MARSHALL HALL ON PUERPERAL DISEASES.

(Continued from page 123.)

BUT there is another case particularly frequent in the puerperal state, it is that of

The Effects of Stomachal and Intestinal Irritation.—Some of the effects of intestinal irritation may be observed before parturition. But it is far more usual to find them developed afterwards. They generally take place rather suddenly about forty or fifty hours after delivery; but the puerperal state appears so to dispose to this affection, that the presence of any cause of stomachal or intestinal irritation, cannot always be borne with impunity for many days even after delivery.

This affection may, for the facility of description, be divided into the acute and insidious: each of these forms manifests itself with general symptoms only, or with some predominant local affection.

The acute form of intestinal irritation is generally ushered in by a violent rigor. This is an important fact; for rigor has been considered as denoting puerperal inflammation, and essential to the latter disease. Neither of these suppositions is true: for puerperal fever may occur in a severe and fatal form without rigor; and the severest rigor may only portend an attack of the effects of intestinal irritation; and in general the latter disease is attended with even a severer rigor than the former.

In the attack of intestinal irritation, there is usually, after the rigor, great heat of the surface. I have already observed, that this is by no means an essential part of puerperal inflammation; indeed, I do not think that it properly belongs to the latter disease, but that, when it does occur with inflammation, it denotes a mixed case, and the co-existence of intestinal irritation.

In the attack of the effects of intestinal irritation, there is usually earlier and even greater frequency of the pulse than in cases of puerperal inflammation; the pulse is also usually fuller than in the latter disease.

Intestinal irritation induces symptoms which are similar to those of the most acute phrenitis, or to those of the most acute peritonitis. This is a remark of the utmost practical importance; for the remedies in these different cases are totally different; and I should say, that in the former, the freest bloodletting must be aided by purgative medicines, whilst, in the latter, the freest and fullest evacuation of the intestines must be aided by bloodletting. A mistake, in either case, would, in my opinion, endanger the life of the patient; and it is a foolish and idle re-

mark to say, that it is better to mistake irritation for inflammation, than inflammation for irritation. It is of the utmost importance to attend to the distinctions which I have made between inflammation and intestinal irritation, in regard to the treatment; for, although both bloodletting and purging are to be used in every case, yet the former is *the* remedy in inflammation, and the latter in intestinal irritation. If the cure of inflammation be trusted, even chiefly, to purgative medicines, I think it will frequently proceed to the destruction of the patient; and if bloodletting should be chiefly employed, in like manner in intestinal irritation, I believe it would leave the disease unsubdued, and eventually plunge the patient into a state of irremediable exhaustion.

The affection of the head and of the abdomen frequently co-exist, or alternate, in the same case; but sometimes one of them exists to the exclusion of the other, or supervenes upon the cessation of the other; and in the latter case the affection of the head usually succeeds that of the abdomen.

The diagnosis is much confirmed by this conjunction of the affections.

In the affection of the head from intestinal irritation, there is frequently the severest pain, and the utmost intolerance of noise, light, and disturbance of every kind. It is in these cases, principally, that the pavement is covered with straw, the knocker tied, the patient's room kept dark and still, so that these very external circumstances speak a significant language to the physician. To the symptoms which have been enumerated, are frequently added wakefulness, and even delirium.

When the abdomen is affected from intestinal irritation, there is general pain, tenderness upon pressure, and frequently tumidity, combined with the general symptoms which I have already enumerated.

Much is effected and learnt in this case by the exhibition of large injections of warm water, and of active purgative medicines, a careful examination of the evacuations, and a studious observation of the effects produced upon the disease. The *feces* will be found to be scybalous, or at least, offensive and dark colored, and in large quantity. And the relief obtained, or the return of pain, will be found to depend upon the evacuated, or neglected, state of the bowels.

Another point of great importance is an attentive inquiry into the diet of the patient; this inquiry frequently reveals the mystery of an attack, and, of course, immediately leads to the adoption of an important remedy.

In regard to the course of cases of intestinal irritation, I imagine that under judicious treatment, this would always be one of progressive recovery. When a contrary event occurs, I think it is to be attributed to the misuse of remedies—and especially of bloodletting. In this manner some of the symptoms are superinduced—and sometimes a sudden dissolution has overwhelmed the practitioner with consternation.

I have already noticed that one of the characteristics of intestinal irritation is the susceptibility to syncope upon bloodletting. This is, of course, much more remarkable upon a second or third bloodletting, than upon a first use of the lancet. I have now to add, that no dependence can be placed upon the appearance of the blood drawn. This may be much buffed and cupped, in the puerperal state, without the existence of in-

flammation, and in cases of the most decided inflammation these appearances of the blood may be but little observed.

I have scarcely had an opportunity of examining the state of the internal organs after death; for in general the patients affected by intestinal irritation have recovered. But I have no doubt that such an examination would illustrate the following important remark of the late Dr. Denman:—"We have been told that in the dissection of some who are said to have died of puerperal fever, no appearances of inflammation have been discovered; but I should suspect that, in such cases, some important appearances have been overlooked, or that errors had been committed as to the nature of the disease, and probably in its treatment."

A due consideration of the effects of intestinal irritation will also serve to elucidate other cases of morbid affection, in which the appearances of inflammation were looked for on dissection but were not found. This observation applies particularly to affections of the head, heart and abdomen.

In several cases of this morbid affection, which I had the opportunity of examining many years ago, no morbid appearances were found on the most careful inspection.

I have already sufficiently alluded to the causes of this affection. They are, for the most part, obvious sources of gastric or of intestinal irritation; the former chiefly affecting the head, the latter both the head and the abdomen, either together or separately.

In the treatment of the effects of intestinal irritation, I would by no means exclude the use of the lancet. Bloodletting may be useful in such a case, for the same reason that it is useful in simple fever. But I would repeat that this remedy is only subsidiary to the full and free evacuation of the bowels, and, if necessary, of the stomach. If it were trusted to alone, or with only a moderate attention to the state of the alimentary canal, or if it were used in the manner which is required to be efficient in puerperal inflammation, I am persuaded the patient would die of exhaustion, before the symptoms would yield.

The remedies of intestinal irritation and its effects, I would enumerate and arrange in the following order: first, the full evacuation of the intestinal canal; secondly, bloodletting; thirdly, some kindly anodyne; fourthly, leeches, cupping, a lotion, a liniment, or a blister, according to the circumstances of the case, for the topical affection; fifthly, the mildest, nutritious food; sixthly, the most absolute quiet, and the most perfect security from light, noise, disturbance, and every other source of excitation; seventhly, every soothing plan; eighthly, great coolness, and free ventilation of the sick room; and, lastly, a constant watching over the patient during sleep, to avoid the injurious effects of turbulent dreams on one hand, and of too long sleep and fasting on the other. Upon each of these points I proceed to make such observations as I have learnt, from practice, to be of importance.

In regard to the state of the alimentary canal, it is quite obvious that an emetic is the proper remedy when the symptoms can be attributed to any indigestible substance taken. And I would recommend this remedy,

even although it might appear, from the lapse of time, unlikely that the injurious substance should remain in the stomach.

When the case originates from intestinal irritation, I would earnestly recommend that the first remedy should be an enema, consisting of three or four pints of warm water, very slowly and gently forced into the bowels. This should be followed by an active purge. And this should, in due time, be followed by a repetition of the injection. I need scarcely observe, that the evacuations should be immediately carefully examined, and the effects upon the symptoms of the disease be watched.

To abate the general heat and excitement of the system, to relieve the head or the abdomen, and to ensure perfect safety, the patient should, in cases in which the strength is not particularly impaired, be raised into the erect posture, and be bled until faintness be induced. This effect also should be carefully watched. If it occur from the loss of a small quantity of blood, it confirms the diagnosis; if it do not occur until much blood have flowed, it should suggest the suspicion of more than mere intestinal irritation—of one of those mixed cases which so frequently occur.

I do not imagine that this decided use of the lancet can ever be attended with danger, if there have been no previous loss of blood, or other cause of exhaustion. But it could not be repeated with impunity. It would lead to exhaustion with the symptoms of reaction, to the state of sinking, or even to sudden dissolution. And if the case be really one of intestinal irritation, and the other remedies have been duly applied, such repetition of bloodletting will not be required.

It is an observation of great importance, that, in inflammation, repeated bloodletting is required, and is borne with safety; in intestinal irritation, on the contrary, the repetition of bloodletting is neither necessary nor safe.

This free evacuation of the bowels, and detraction of blood, are very apt to be followed by symptoms of hurry and alarm in the system. These effects are frequently prevented by the timely administration of an efficient and kindly anodyne; and I believe no anodyne is possessed of these qualities in a higher degree than the liquor opii sedativus of Battley. Of this excellent medicine a full dose may be given, and, if necessary, repeated in five or six hours.

If this plan do not perfectly relieve the topical affection, some local remedy must be applied. In cases of cerebral affection, leeches may be applied to the temples, or cupping, or a blister, to the nape of the neck, a cold lotion over the whole of the head, and fomentation to the feet. Leeches, a fomentation, a liniment, or a blister, may be applied, if there be affection of the abdomen.

Before the patient falls asleep, I would recommend some mild food to be taken, as gruel or panada. This plan prevents exhaustion, and frequently relieves the local symptoms, in securing a more refreshing kind of sleep.

For the same reason the utmost quiet must be preserved in the patient's room. Every species of disturbance greatly agitates the patient, and prevents the good effects of the remedies which have been employed.

DOCUMENTS IN THE HISTORY OF LITHOTRITY, PRINCIPALLY
AMONG THE ARABIANS; BY J. J. CLEMENT MULLET.

(Translated from the *Journal Asiatique* of Paris, for June, 1837, and communicated for the
Boston Medical and Surgical Journal.)

SINCE the re-appearance of lithotritry, different historical opinions have been published on this valuable method. Hippocrates has been cited, whose vague text is applied to all possible hypotheses; next Celsus; and then the celebrated Arabian physician, Abul-Cassem-Khalaf-ebn-Abbas-Azzahravi, who died at Cordova in 1107, and was the author of a treatise on theoretic medicine and a treatise on surgery. The first of these works, according to Barbier,* was published several times; the edition from which the passage here cited was extracted bears date in 1519, and is entitled *Abulcasis liber theoriæ rec non practicæ*, in 4to. At folio 94 we read as follows:—

“Accipiatur instrumentum subtile quod nominant moshabarebilâ et suaviter introducatur in virgam, et volve lapidem in medio vesicæ, et si fuerit mollis frangitur et exit. Si vero non exiverit cum iis quæ diximus, oportet incidi ut in chirurgia determinatur.”

Interesting as this passage is, it nevertheless leaves much to be desired, from its want of precision; from which, indeed, we might even doubt of the correctness of the translation; and I could have wished to be able to obtain the text itself, in order to verify it; but I could not find either that or the translation, for neither of them are in the royal library.

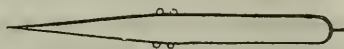
The treatise on surgery speaks of an operation which is a real process of lithotritry, and leads us directly to the process now in use. This treatise was published in England by Channing, with a translation on the opposite pages, and accompanied with figures representing the instruments.† There is at the royal library one manuscript of it in African characters (No. 544 of the Asselin collection), which M. Reinaud has had the politeness to make known to me. In the first volume, p. 289, ch. lx. of the printed copy, and chap. lx. of the second part in the manuscript, we read [here follows an extract from the Arabic text, of which the following is a translation.]

“If it should happen that the stone is of small size and adheres to the canal of the urethra, so as to obstruct the passage of the urine, we must, before resorting to the operation of cutting, employ the process which I have described, and which often dispenses with having recourse to that, as I have myself had experience. This process is as follows:

“You must take a perforating instrument of steel, of this form [see figure in the note], triangular, terminating in a point and fixed in a wooden handle. You then take a thread, with which you make a liga-

* *Dict. Biograph.*, published by Gen. Beauvais, and revised by Barbier, as to the bibliography. Paris, 1826, et Seqq.

† *Abulcasis, de Chirurgia, arabice et latine, cura. J. Channing, Oxonii. 1778, 2 vols. in 4to, wood cuts.* These figures are not always in accordance with the manuscript; for example, that which accompanies the passage here cited (from the original Arabic).



A good French translation of this treatise might be useful.”—Note.

ture below (or under) the stone to prevent its falling back into the bladder; you then introduce the iron part of the instrument, cautiously, until it reaches the stone, and then cause the instrument to move round, turning it and trying to pierce the stone by degrees until you penetrate from side to side. The urine will pass immediately, and with the hand we can aid the passage of what remains of the stone, for it is now broken,* and the fragments passing out with the urine, the suffering organ is relieved, if it so please God the all-powerful."

Thus spoke Abulcassen, about the end of the *eleventh* century, at Cordova. However imperfect his process may appear, and however much he still leaves to be wished for, yet we perceive that it had a strong affinity to the process used at this day; and our intelligent practitioner, who shall read the Arabian physician, will soon find the means of applying the method to the relief of patients. While in Europe the art has been breaking up the urinary calculi by perforation, in the East it has destroyed them by a similar process, with an instrument of metal armed with a diamond.

The following are two documents which I have collected on this subject.

The first is an extract from the book of Shehâb-eddin-Ahmed-ben-Yussuf-Teifashy, entitled "The Book of the Flower of Thoughts upon Precious Stones, by the Imam, the learned Shehâb-eddin-Ahmed-ben-Yussuf-Teifashy;" with the translation of which I am now employing myself.

Teifashy, having come to the advantages which may be derived from the *diamond*, thus expresses himself: "One important advantage of the diamond, of which Aristotle has spoken, and which is confirmed by experience, is the use which we can make of it in cases of the stone. When a person has calculi either in the bladder or in the urethral canal, if we take a small diamond and fasten it securely, with mastic, on the end of a small rod of metal,† either copper or silver, and introduce it into the organ containing the calculus, we may grind it down by reiterated friction. Ahmed-ben-Abi-Khalid, a physician known by the name of Ibn-el-Harrar, relates in his book upon stones, that he employed this method on a domestic of the eunuch who was the parasol-bearer, and who suffered from a urinary calculus of great size. This man said he would not submit to the operation of cutting. I had recourse to the operation just mentioned; I bruised the stone to pieces by friction, and reduced it to a size small enough for the urine to bring it out along with itself."

Teifashy, who took his name from Teifash, a city of Africa, wrote, as he himself says, about the 640th year of the hegira, which corresponds to the year 1242 of the Christian era.

This work of Teifashy has been already published; first, in extracts only, at Utrecht, in 1784, in 4to. by Sebaldus Ravius; and afterwards

* "I follow the reading of the manuscript; the printed text has, *تمسك*, it is pierced, which gives a less satisfactory sense." (Note by the correspondent of the Journal.)

† "Castel renders the original word by *specifium*, *axis trochlear*. (Note of the correspondent of the Journal.)

entire, at Florence, in 1818, in 4to. by M. Rainleri, with an Italian translation, accompanied with notes. This text, the copy of which bears date in the year 887 of the hegira, or 1482 of the Christian era, is less perfect than that in the royal library (No. 969), for a knowledge of which I am indebted to M. Reinaud; this is of the date of 826 of the hegira (A. D. 1423), and consequently is anterior to the former by 59 years. It seems that in the text published at Florence, the text of Teifashy was retouched; for it not only contains many less facts and things, but also differs in a remarkable manner in the style; and we do not find in it the passage cited.

Mohammed-ben-Mohammed-Kazwiny, surnamed the Arabian Pliny, and who died, as is supposed, in the year 682 of the hegira (A. D. 1283), cites an instance of lithotrity in his work, entitled, *The Book of the Wonders of Nature and Created Things*. Singular as the anecdote may appear, it is worthy of being cited, because it proves at least the knowledge of this operation.

“Aristotle, the philosopher, relates that Alexander occupied himself a good deal with the properties of stones; for this reason he brought to me a man who was suffering with calculi in the urethral canal. I took a fragment of diamond, fastened it with a little mastic to a piece . . . and I bruised the stone, which, by the will of God, I destroyed.”

It is to be observed, that this passage is not found in all the manuscripts of Kazwiny; I have looked over three of them—1, No. 898, of the old stock; 2, a small quarto of the Arabian supplement; and 3, a small folio, No. 8; which last is the only one that speaks of it (fol. 144 verso). The two preceding ones say nothing of it, nor more than the Persian versions do—Nos. 141 and 142 of the old collection.

Such are the documents relative to the attrition of calculi, of which the Arabian writers have enabled me to obtain my knowledge. They prove that in Spain, under the government of the Moors, and in the East, at a period which we may infer to be about the same era, although the dates of the historical evidence are more modern, this process was known and used. Did Aristotle, then, who is cited by Teifashy and Kaswiny, really know and practise it? This is a problem to be solved; for though his name is appealed to, as well as his book upon the stone, yet that is not a ground for answering in the affirmative; for we do not possess any book of Aristotle's which treats of stones, and there is nothing in his works which leads us to suppose the existence of such a book. The only known work which the Greeks have left upon mineral substances is that of Theophrastus, and he is silent upon the lithotritic property of the diamond. Nor does Pliny speak of it; and it is hardly probable, that, if he had known an operation so important to humanity, it would have been overlooked by an author who relates so many whimsical and useless remedies.

It would seem, then, that we must look in some other region than the West for the invention of this useful method. But I refrain from hazarding anything upon a question of this nature.

Avicenna does not say a word of the attrition of the calculus. Nor does Reiske in his *Observationes medicæ ex Arabum monumentis*, which

contain, moreover, some interesting documents on other points in the history of medicine among the Arabians. It is to be regretted that a man of such profound knowledge, and who was at the same time a good physician and able orientalist, should not have examined this question, as he, above all others, united the qualifications necessary to elucidate it.

A considerable number of works of great interest on the healing art have been left us by the Arabians and Jews of the middle ages; but the most of them lie buried up in libraries where they are lost to science. It is to be hoped that the learned world will one day enjoy this information, which will throw much light on the subject in question, and disclose to us also, without doubt, other processes not less valuable. For myself, my only object was to make known the lithotrical testimony which has come to my knowledge; and the materials are offered to physicians who may think fit to construct the archæological edifice of medicine.

MEDICAL INSTITUTIONS OF THE WEST.—CASE OF OLD AGE.

To the Editor of the Boston Medical and Surgical Journal.

I INTENDED to have given you some account of a case of old age in a person now living at Northfield, in this county, before my journey to the University of Lake Erie, at Willoughby, Cuyahoga county, Ohio, in which institution I have the honor to hold the Professorship of *Materia Medica*, Pharmacy and Medical Jurisprudence; but in consequence of the duties of this appointment, I had no time to write it, and now I believe I shall give you a brief sketch of my medical tour before I detail the case.

At Albany I visited the Medical College which some of the citizens of that place are fitting up in Eagle street. It is a very convenient building, large and commodious, and the anatomical theatre is well lighted, and is capable of containing 400 students. Dr. Emmons, the Professor of Natural History, was fitting up his cabinet of minerals in the museum connected with the college, in a large, well-lighted room. As the lectures have not yet commenced, I can say nothing more of its situation and prospects. I called upon Drs. McNaughton and Beck, Professors in the College of Physicians and Surgeons in the Western District of New York, at Fairfield, who informed me that the number of students in that institution was about the same as last year—135. I understood the number of students at Geneva, on the Seneca Lake, was somewhat larger than last year. Time did not allow me to visit that institution.

As the medical institution at Willoughby, Ohio, is not much known in this part of the country, you will pardon me for giving you some account of it.

Willoughby University of Lake Erie was incorporated in 1834, and located in the beautiful town of Willoughby, which was formerly known by the name of Chagrin, in Cuyahoga county. It is designed for a general university, though at present it is only organized in its medical department. The college building is beautifully situated on a rising

ground, at the centre of the south end of the street, and it overlooks the whole village. It is of brick, three stories high, and sixty feet square, with two lecture rooms, a laboratory, several extensive anatomical rooms, one for an anatomical museum, one for a library, six rooms for professors, all large and commodious, and a room for a museum of curiosities, forty feet by sixty. The building is warmed by heated air from the cellar, which is under the whole building. It is also well lighted, and there is an excellent well of water in the cellar. There is a very large and high cupola upon the top of the building, from which the prospect of the surrounding country and of Lake Erie is very fine. Facilities for the accomodation and benefit of students are scarcely inferior to any in the United States. There are five professors, who divide a fee of sixty-two dollars. The University is incorporated by the State on the most liberal plan. All the branches which are taught in any university are to be taught here. At present only medical lectures are delivered here, by the following professors, viz.:

John Delamater, M.D., *Theory and Practice, Obstetrics and Physiology*; Amasa Trowbridge, M.D., *Surgery*; H. A. Ackley, M.D., *Anatomy*; J. Lang Cassells, M.D., *Chemistry*; Stephen W. Williams, M.D., *Materia Medica, Pharmacy and Medical Jurisprudence*.

The university was built by individual munificence, and its greatest patron is Dr. Westel Willoughby, of the College of Physicians and Surgeons of the University of New York, who has already done so much towards it that it bears his name. The town also is named from him. His portrait adorns the walls of the institution. There is no better location for a medical college in America than this. There is no institution of the kind in Michigan, Illinois, Indiana, Missouri and Wisconsin, and on the north and west in Canada. At Cincinnati, five hundred miles by water, and two hundred and fifty by land, is the nearest college on the north, and at Geneva on the west in New York. There can be no doubt of its ultimate success. The first course of lectures was given here in 1834, and the classes have been gradually increasing since.

There is no State Medical Society in Ohio. I hope that three such medical schools as the Willoughby Institution, and the two medical colleges at Cincinnati, will have a happy influence in bringing about so desirable an event as a State Medical Institution. Your readers cannot but be gratified that so much is done for the promotion of science in the infant State of Ohio.

On my return I visited Pittsburgh, Philadelphia and New York. At Philadelphia I called upon my venerable friend Dr. John Redman Coxe, late of the University of Pennsylvania. I found him in his study, surrounded by his eight or ten thousand volumes of books, of which his library consists, investigating the medical principles of the ancients, of which he is very fond. His library is very rich in ancient medical lore. I think he will produce a most valuable work on this subject. No man in America, in my opinion, is deeper versed in medical literature than Dr. Coxe. I am rejoiced that he is spending the evening of his life in pursuits which must ultimately benefit mankind. He thinks that many of the pretended improvements of the moderns are to be found in the

works of the ancients. He says that the science of phrenology was well known to the ancients, and that he has a plate of the skull with the same marks of the organs delineated upon it, which are found in modern works upon the subject, more than three hundred years old. Dr. Coxe informed me that he believed the Medical School of Jefferson College was about the same as last year. Dr. Hays, editor of the *American Medical Journal*, told me that he believed the Medical School of the University contained about 450 students. In New York I called upon Dr. Charles A. Lee, Professor of *Materia Medica* and Medical Jurisprudence in the University of the city. He waited upon me to various places of interest, such as the new university, the College of Physicians and Surgeons, the Hospital, &c. &c., and introduced me to several eminent physicians of the city. I understand that the number of medical students was small—not more than fifty or sixty. The Chancellor and Council of the new University, I understand, still continue to make their appointments in the medical department for the ensuing year. There seems to be some collision between the old professors and the Chancellor and Council. But I forget that I am to give you a *Case of Old Age*.

In the month of September, 1823, in company with two friends, I visited an old lady at Northfield, a few days over one hundred years of age. As I had never, to my knowledge, seen a centenarian, I had the curiosity to visit her. I think the following account of her may be interesting to the physiologist, as well as the physician, particularly that part of it which relates to the return of the menses at the age of ninety-eight years, and the ossification of the arteries.

Her name is Sarah Smith. Her maiden name was Lilly. She was born, according to her statement and according to a record in her bible, at Sutton, in Worcester county, in this State, on the 12th of August, old style (corresponding with the 24th of August, new style). She now resides in the family of a Mr. Farnsworth, of Northfield, where she is supported by the liberality of Mrs. Harriet Hendrick Bellows, formerly Miss Harriet Haughton, of Northfield. Mrs. Bellows is grand daughter to the old lady, and the family bible of the latter is deeded to her. The deed was executed in a fair hand, written by herself on the day she was one hundred years old. She came to Northfield about thirty years ago, and of course she does not remember many of the transactions of early times in this region of country, much to our regret.

We found her about noon, in her day dress, lying upon her bed. She appeared to be very glad to see us, and very soon arose and sat upon the side of the bed, and conversed with us, very intelligibly, more than half an hour; and when we parted with her she gave us her blessing, and appeared to be much affected. Her intellects appeared to be much brighter than those of very many people of sixty years of age, and the correctness with which she could remember the dates of ancient events, was truly astonishing. She says that she was married soon after she was 19 years of age, and that she lived with her husband nearly fifty years, and that he has been dead little more than thirty years. This almost exactly corresponds with her age. She says she has had

thirteen children, three of whom are now living. The oldest was born in 1759, and the youngest in 1782. One of her children, at the age of 76, visited her at her centennial celebration, when religious services were performed by the Rev. Dr. Willard of Deerfield, and she understandingly partook of the sacrament. To show that her recollection was good, she stated that she had formerly resided at Petersham, and that the Indian name of that place was *Nitchewang*, or *Pitchewang*, which was correct.

Contrary to the generally received opinion that very aged people had almost always during their lives enjoyed good health, she states that during her whole life she was hardly ever healthy, but that she had always, more or less, been troubled with nervous affections. I have known several people live to an advanced age who had, also, always been affected with nervous complaints. I could instance the case of an old lady in this town, who died at the age of ninety-five years, and who never enjoyed firm health on account of these difficulties. These complaints are hereditary in her children and grand children. Contrary, also, to the general fact that very aged people have almost always been descended from long-lived ancestors, she states that her parents did not live to a great age.

All her senses are somewhat impaired, except, perhaps, that of the taste. She still relishes her food, which she takes in small quantities, and it does not seem to distress her. She seems to require the use of small quantities of brandy and wine every day, but thinks she does not exceed the quantity of a teaspoonful of brandy at a time, made into toddy pretty rich and sweet, which she takes several times a day—thus verifying the assertion of one of our wisest men, who says that “Milk is the food of infancy and wine of old age.” She eats some meat, but never ate fat pork in her life. She is very fond of sweet things, such as sugar, sweet-meats, cakes, and even fried cakes. I know several old people who are as fond of sugar and other sweet things, as they were when they were children. Milk does not agree with her. Her digestion is pretty good, notwithstanding she lost all her teeth forty years ago. Her alvine evacuations are pretty regular every other day. She secretes and passes about the usual quantity of urine. Dr. Rush observes that he has not found “the loss of teeth to affect the duration of human life so much as might be expected.” He mentions the instance of Edward Drinker, who lived to the age of one hundred and three years, and who lost his teeth thirty years before he died, from drawing the hot smoke of tobacco into his mouth, through a short pipe. Dr. Sayre mentions two similar cases. The gums, by long attrition and use, become hard and partly perform the office of teeth. It is probable that the gastric juice in old age, like the secretion of tears and urine, becomes acrimonious, and supplies, by a more solvent power, the deficiency of tication from the decay and loss of the teeth.

Her skin appeared to be dry and shrivelled up, like parchment, and although she had never been fleshy, it hung very loose about her. I should as soon think of perspiration passing through a drum-head, as through her skin. The pulse at her wrist was completely obliterated,

by the radial artery having become ossified, or completely bony. I have seen several instances, in persons not more than sixty or seventy years of age, where the artery at the wrist had become partially, but not entirely so, a little blood being transmitted through it. I could feel the pulse distinctly in the temporal arteries. It was slow and occasionally intermittent. Dr. Rush states that "a regular pulse in old people indicates a disease, as it shows the system to be under a preternatural stimulus of some kind." It was, perhaps, owing to the obliteration of her pulse at the wrist, that her sense of feeling was much impaired, so much so that she cannot feel a pin, which she picks up, or which is put into her hand.

Her hearing is not much more impaired than that of many people from old age at seventy. I could converse with her without difficulty. Her sight, too, was not so far obscured as that of many people much younger. She is not now able to read, but it is but a short time since she could read and enjoy it, with glasses. She sees persons and objects distinctly. She sleeps a great deal, especially in the day time, and she says she dreams incessantly, and everything. I inquired of her whether she dreamed most of ancient or modern times, and she told me that she dreamed most of olden times. Gen. Hoyt, who was with us, told her that he could readily believe that her observation was correct in relation to dreams, for that at his age, seventy-three, he dreamed much more than he did in younger years. Dr. Rush observes that "dreaming is universal in old people. It appears to be brought on by their imperfect sleep." I have known one instance which controverts this position, or fact, if it may be so called. Mrs. Bradley, of this town, at the age of ninety years, has informed me that she dreams but very little. In regard to Mrs. Smith not sleeping much at night, she may possibly be mistaken in relation to it. Under the head of watchfulness, Dr. Rush observes, "This is probably produced in part by the action of the urine upon the bladder; but such is the excitability of the system in the first stages of old age, that there is no pain so light, no anxiety so trifling, and no wound so small, as not to produce wakefulness in old people. It is owing to their imperfect sleep, that they are sometimes as unconscious of the moment of their passing from a sleeping to a waking state, as young and middle aged people are of the moment in which they pass from the waking to a sleeping state. Hence we so often hear them complain of passing sleepless nights. This is no doubt frequently the case, but I am satisfied from the result of an inquiry made upon this subject, that they often sleep without knowing it, and that their complaints in the morning of the want of sleep arise from ignorance, without the least intention to deceive." She was not bald, nor was her hair whiter than I have seen in persons seventy years of age. Her lungs are sound, and she speaks with a great deal of force and clearness.

One thing in relation to her case was singular. At the age of ninety-eight she began again to menstruate, or to have a periodical discharge from the uterus, attended, however, with considerable *fœtor*. This information I had from her nurse. I have known several instances where very aged females have had *leucorrhœa*, or *fluor albus*. And I have

heard of two instances where very old women have menstruated. I have been informed that an old lady, in a neighboring town, bore a child at the age of seventy-four years. I will not vouch for the correctness of the report.

In regard to death, she says she hopes she is ready and willing to die. Many aged people, with whom I have conversed, have been very anxious to have their lives prolonged, though Dr. Rush observes; "the fear of death appears to be much less in old age than in early or middle life." "Death from old age," he continues, "is the effect of a general palsy. It shows itself first in the eyes and ears, and in the decay of sight and hearing—it appears next in the urinary bladder and rectum, and finally in the nerves and brain, destroying in the last the exercise of the faculties of the mind. Few persons appear to die of old age." There is every appearance, however, that Mrs. Smith will, for she has already many of the symptoms upon her above enumerated. Her passage to the tomb will, probably, be smooth and unruffled, and her final exit will be like the last flickering of a candle. Her consciousness will leave her before the last breath passes her lips.

STEPHEN W. WILLIAMS, M.D.

Deerfield, Mass., Jan. 1, 1839.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 9, 1839.

ORTHOPEDIQUE INSTITUTION.

AN institution is now in successful operation, in Boston, for the cure of spinal distortions, club-feet, &c., which has received the appropriate appellation of *Orthopedique Infirmary*. *Orthus*, in Greek, means right, and *pais* child, and which are made use of in French to denote that branch of surgery which has for its object the prevention and cure of deformities in children. There is no word in the English language which has the same signification. This infirmary is conducted by John B. Brown, M.D., at No. 65 Belknap street. By looking at the prospectus it will be noticed that most of the seniors of the profession in Boston, approve of the plan of treatment, and have kindly offered their gratuitous advice in all difficult cases.

Under these favorable auspices, there is every reason for believing that the infirmary will prove a useful institution, that it will be judiciously and scientifically managed. In Paris, the *Orthopedique Institution* has been appreciated by the benevolent, there being a large capital invested in apparatus adapted to the various distortions and deformities of the body—particularly in children and young persons of both sexes. Dr. Brown has recently received a minute report from the two surgeons who control it, which presents a detailed account of the principles and modes of treatment.

Spinal affections are continually increasing amongst us, as an accompaniment of civilization, and it is important, therefore, that the best mode

of correcting and preventing them, should be based upon true anatomical and physiological principles. Until within a few years, comparatively, these complaints, even in Europe, were left to the management of quacks and machine-makers; and much unnecessary suffering and derangement of health has been the unfortunate result.

Much has been said, of late, of the effects produced on the general condition of the body by compressing the whole trunk in such a manner as to impede the functions of the vital organs. A mode of practice is at this moment in vogue of casing up the patient in a metallic corset, which is not justified by any discoveries in anatomy. The framework of man is constructed of material altogether too delicate for enduring the violence inflicted by processes so unphilosophical. We view Dr. Brown's plan of operations for restoring distorted limbs and spinal curvatures, as unexceptionable, because they are sustained by the acknowledged principles of anatomy and physiology. To long professional experience, this gentleman unites a mechanical ingenuity and skill, without which no success can be expected in this peculiar department of surgery. In view of the great and good object he proposes, we cordially wish the infirmary success, and freely express a hope that the community will appreciate the advantages of having it located in this city—under the direction of one who manifests a determination to exert every power to sustain it with increasing reputation. Although comparatively in its infancy, we are assured that the applicants are numerous, and it is much to be deplored that many calls are from that class of worthy, industrious poor, who are wholly unable to pay for the necessary apparatus. In spinal distortions, particularly, the success of Dr. Brown is extremely encouraging, and will have a tendency to prevent patients from going expensive journeys for medical advice which can be obtained at home.

It occurs to us to make reference to a case of club-feet, in which the bones were strangely twisted out of place and shape, and in which the restoration is now nearly complete. A little girl, three years of age, both of whose feet were turned in (*vari*), together with the loss of the lower extremities from birth—the bones of the legs being so curved that the fibula of each rested on the anterior part of the tibia, after having been six months a subject of the infirmary, could stand in an erect position, balancing herself in a rocking-chair while in motion. Perhaps this was one of the most difficult and unpromising subjects that could have been selected. She was placed under Dr. Brown's care, we understand, by the recommendation of the President of the Massachusetts Medical Society.

On the whole, we are gratified with the progress which is making in this benevolently devised institution, which only requires to be extensively known to be upheld by the strong arm of an intelligent community.

British and Foreign Medical Review.—In a note at the bottom of page 596, of the *British and Foreign Medical Review*, is the following, which we cheerfully republish, that the editors may not suffer again through the negligence of American correspondents: "We once more beg to inform our kind friends in America, that books must be sent *free of expense*, either to our London publisher, Mr. Churchill, 16 Prince street, Soho, or to our publisher for the United States, Mr. George Adlard, New York. Until an alteration is made in the present rates of postage

between Great Britain and foreign countries, conveyance of *books* by post is quite inadmissible." It seems that several numbers, in July and August last, of the Boston Medical and Surgical Journal were sent by some person who must have been ignorant of the great expense he was making for Drs. Forbes and Conolly. The postage on these numbers and on another small pamphlet from America was *nine dollars and forty-nine cts.* of our currency and at the present rate of exchange, ten dollars and twenty-four cts. ! In no instance have we sent exchange journals in any other way than those specially pointed out to us by all our foreign correspondents in any part of Europe, South America or the West India Islands, and we ask it as a special favor of gentlemen who wish to forward numbers of our Journal abroad on account of particular articles in which they feel an interest, that they would in all cases place them in the care of this office—being assured that the conveyance to the place of destination will be as prompt and certain as our own packages—and attended with this advantage, that it will impose no unnecessary expense to those to whom they may be directed. We hope the editors of the Foreign Medical Review will have the justice to exonerate us from all blame in the matter, on reading this explanation.

Geo. Med. College.—A copy of Dr. J. A. Eve's introductory delivered to the class at the commencement of the annual course of lectures in November, is hereby acknowledged. No room has been found for extracts. It shall not be forgotten. Dr. Eve is an energetic writer, whose influence is felt far beyond the boundaries of the State of Georgia.

Another Medical School.—From some movements clearly understood in Philadelphia, it is supposed that a third school of medicine is proposed in that city. When the Jefferson College was established, it was feared that either that or the University would go down ; but they both flourish exceedingly. Another would have its friends and patrons and might succeed admirably.—More of this when we know more of the matter.

TO CORRESPONDENTS.—Dr. Partridge and others, are to be remembered next week.

DIED.—In Montrose, Pa., Dr. Mason Denison, formerly of Vermont.—At New York, Dr. Asa Green.—At Wodville, Miss., Dr. Silas E. Potts, aged 35.—At Paris, Nov. 21st, the celebrated and highly gifted Broussais.

Whole number of deaths in Boston for the week ending Jan. 9, 36. Males, 20—females, 16.

Of consumption, 5—diarrhoea, 1—convulsions, 2—scarlet fever, 4—intemperance, 1—lung fever, 4—strangulation, 1—cancer, 1—throat distemper, 1—croup, 1—disease of the heart, 1—old age, 2—teething, 2—dropsy, 1—measles, 1—hooping cough, 1.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSTON LEWIS, JR.

FALLING OF THE WOMB CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, or *Falling of the Womb*, and other diseases depending upon a relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "*dragging and bearing-down*" sensations which accompany nearly all cases of visceral displacements of the abdomen, and its skillful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last three years nearly 1500 of the *Utero-Abdominal Supporters* have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the physician will induce him to discard the disgusting Pessary hitherto in use. It is gratifying to state that it has met the decided approbation of Sir Astley Cooper, of London, Edward Delafeld, M.D., Professor of Midwifery, University of the State of New York, of Professors of Midwifery in the different Medical Schools of the United States, and every other Physician or Surgeon who has had a practical knowledge of its qualities, as well as every patient who has worn it.

The public and medical profession are cautioned against impositions in this instrument, as well as in Trusses vended as mine, which are unsafe and vicious imitations. The genuine Trusses bear my signature in writing on the label, and the Supporter has its title embossed upon its envelope.

AMOS G. HULL, Office 4 Vesey Street, Astor House, New York.

The Subscribers having been appointed Agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

Jan. 3.

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LOWE & REED,

24 Merchants Row, Boston.

MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.

H. I. BOWDITCH, M.D.

J. V. C. SMITH, M.D.

H. G. WILEY, M.D.

July 25—eoptN—emtJy

SCHOOL FOR MEDICAL INSTRUCTION.

The Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by - - - - - DR. BIGELOW.

On Anatomy and Surgery, by - - - - - DR. REYNOLDS.

On Midwifery and Chemistry, by - - - - - DR. STORER.

On Physiology and Pathology, by - - - - - DR. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1833.

Aug 22—ep3m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

ORTHOPEDIQUE INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 Belknap Street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edward Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, Geo. B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838.

16.

MEDICAL ALMANAC and Pocket and Memorandum Book for 1839, for sale at the Medical Journal office. Price 75 cts. On account of the binding, copies cannot be sent by mail.

Also, for sale, a few copies of Dr. Tuckerman's Letter to Dr. Warren, on the climate of Santa Cruz. Price 12 1/2 cts. Dec. 19.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 134 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$4.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XIX.]

WEDNESDAY, JANUARY 16, 1839.

[NO. 24.]

DR. MARSHALL HALL ON PUERPERAL DISEASES.

(Continued from page 360.)

HAVING detailed to you the particularities of abdominal inflammation, and of intestinal irritation, as *puerperal diseases*, I now proceed to do the same in regard to *The Effects of Loss of Blood in the Puerperal State*.

These effects of loss of blood usually present themselves to our notice in rather an insidious manner; they are not generally introduced by rigor, or heat, or any other acute symptom; though I think there may be exceptions to the last part of this rule. It is an important remark, that the remoter effects of loss of blood are frequently developed in cases in which there is also intestinal irritation in a dormant form, but that they very rarely occur in conjunction with inflammation; the effects of loss of blood, when they do occur in cases of inflammation, generally denote that the inflammatory action has been subdued.

I have already observed, that there is rarely either rigor or heat of surface; there may be transient chills and flushes, and slightly augmented temperature; but the countenance, and especially the prolabium, is generally pallid and the skin in a natural state.

The case is usually denoted by a throbbing fulness, with moderate frequency of the pulse, throbbing pain of the head, and palpitation of the heart, which is apt to alternate with a state of syncope on slight exertion, or on assuming the erect posture; and there is usually a degree of panting. There is a characteristic susceptibility to fainting, on taking a very small quantity of blood.

I have repeatedly known the effects of loss of blood to be mistaken for inflammation of the brain, on the one hand, and disease of the heart on the other. I consider this an important remark, as suggesting at once two characteristics of this affection, and the necessary caution in the diagnosis in puerperal diseases.

When the head is affected from loss of blood, there are much beating and throbbing of the temples, pain, a sense of pressure, or vertigo, with rushing or cracking noises.

When the heart is affected, there are great fluttering, beating, or palpitation, starting during sleep, hurry and alarm on awaking, sometimes with faintishness, a feeling of sinking, or of impending dissolution, &c., and with the palpitation, there are frequently beating and throbbing of the carotids, and sometimes of the abdominal aorta, perceptible to the

touch, or even to the eye. These affections sometimes recur in the form of attacks, which are attended by much hurry and alarm.

Besides these more marked affections of the head and heart, which render it so necessary to distinguish this affection from inflammation or disease of those organs respectively, there are many symptoms which occur in a less marked degree or form. There is frequently an inability to bear noise, or disturbance, or even the act of thinking with attention; but there is rarely intolerance of light; the last symptom usually denoting a state of intestinal irritation. There are frequently vertigo, or faintishness, on any exertion, or on assuming the erect posture; and when these two are combined, there has sometimes been a sudden and unexpected fatal termination of the patient's sufferings. In many cases there are great faintishness, and urgent demand for the smelling bottle, for the fan, or the fresh air, and for cold applications to the face or temples, and a sad feeling of impending dissolution. The respiration is affected, in different cases, with panting, hurry, sighing, heaving, blowing, moaning, gasping, catching, &c. There is, in some cases, an irritative cough, in violent fits, or in the form of perpetual hacking, apparently arising from an affection of the larynx and trachea. The stomach is liable to be affected with retching, vomiting, hiccough, and eructation, and the bowels, even in cases in which they were not previously disordered, become variously deranged, with constipation, diarrhœa, and flatulency.

There are frequently, in severe cases, urgent restlessness and jactitation.

In some cases there are various spasmodic affections. In other instances there are catching pains, which are apt to be mistaken for inflammation.

There are frequent changes, sudden attacks of alarming symptoms, a sense and fear of impending dissolution, urgent messages, &c., which become sad characteristics of this affection.

Another characteristic consists in the faintishness, gasping or feeling of dissolution, which sometimes follows even a slight bloodletting; an awfully sudden death has immediately ensued upon a full and mistaken bloodletting at this critical period.

Even the operation of purgative medicine has sometimes induced a degree of faintishness.

Every source of disturbance, of anxiety, or of alarm, and every kind of effort either of mind or body, is apt to be followed by a return or exasperation of the symptoms, and cannot be said to be free from danger.

I have already remarked, that an effort of the muscles, and assumption of the erect posture, have proved suddenly fatal. This sad event occurred to a lady who raised herself in bed, in this exhausted state, to make water; she fell down and expired.

But when the fatal event from loss of blood is not sudden, in this manner, the state of reaction sometimes yields to one of fatal sinking.

The symptoms of exhaustion with excessive reaction, may gradually subside and leave the patient feeble, but with returning health; or they may yield to the state of sinking. This term is adopted not to express a state of negative weakness merely, which may continue long and issue

in eventual recovery ; but to denote a state of positive and progressive failure of the vital powers, attended by its peculiar effects, and by a set of phenomena very different from those of exhaustion with reaction.

If in the latter, the energies of the system were augmented, in the former, the functions of the brain, the lungs and the heart are singularly impaired. The sensibilities of the brain subside, and the patient is no longer affected by noises as before ; there is, on the contrary, a tendency to dozing, and gradually some of those effects on the muscular system, which denote a diminished sensibility of the brain, supervene, as snoring, stertor, blowing up of the cheeks in breathing, &c. ; instead of the hurry and alarm on awaking, as observed in the case of excessive reaction, the patient in the state of sinking requires a moment to recollect herself and recover her consciousness, is perhaps affected with slight delirium, and is apt to forget the circumstances of her situation, and, inattentive to the objects around her, to fall again into a state of dozing.

Not less remarkable is the effect of the state of exhaustion, with sinking, on the function of the lungs ; indeed, the very first sure indication of this state is, I believe, to be found in the supervention of a crepitus in the respiration, only to be heard at first on the most attentive listening ; this crepitus gradually becomes more audible, and passes into slight rattling, heard in the situation of the bronchia and trachea ; there is also a degree of labor or oppression, sighing, hurry, and blowing in the breathing, inducing acuteness in the nostrils, which are dilated below and drawn in above the lobes, at each inspiration ; in some cases there is besides, a peculiar catching, laryngeal cough which is especially apt to come on during sleep, and awakes or imperfectly awakes the patient.

The heart has, at the same time, lost its violent beat and palpitation, and the pulse and arteries their bounding or throbbing.

The stomach and bowels become disordered, flatulent and tympanitic, and the command over the sphincters is impaired.

The last stage of sinking is denoted by a pale and sunk countenance, inquietude, jactitation, delirium, and coldness of the extremities.

I shall exemplify the effects of loss of blood in the puerperal state, by several interesting cases. They will serve as examples, and as guides, in regard to these fearful events.

Mrs. —, aged 35, was confined on Friday the 11th of June. For several weeks previously to delivery, she had been subject to pain of the head, and of the left side, which were relieved by an attention to the state of the bowels.

After the expulsion of the placenta, there was considerable hæmorrhage, which induced great exhaustion ; two doses of forty drops of tinctura opii were given within two hours, with the effect of producing sleep. The flow of milk commenced on the same day, and was very copious.

About three hours after delivery, Mrs. — was seized with a violent pain of the crown of the head, confined to a space which could be covered by the hand ; the pulse was 80 only ; there was much thirst ; the tongue was little affected ; the skin was natural. This pain was re-

lieved by the cold lotion, and opening medicines, and Mrs. — continued better during ten days.

On the night of Monday, June the 21st, Mrs. — was taken about 12 o'clock, with severe shivering, which was succeeded by intense heat and dryness of the skin, great pain of the head, and intolerance of light and of noise. At ten o'clock on the succeeding morning, these symptoms still continued; the pulse was from 120 to 130, and sharp; the pain of the head was throbbing, and the head felt as if bound tight; the tongue was parched. Ten ounces of blood were taken from the arm, which produced temporary faintness, but some relief; the cold lotion was applied to the temples. At seven o'clock in the evening the pain of the head was as severe as ever, especially if the lotion were not constantly applied; the pulse was 120; the tongue not so dry; the blood already drawn was buffy. Twelve ounces of blood were taken from the arm. This was followed by great faintness, and gasping breathing—to such a degree, indeed, as to lead to the apprehension of dissolution. On recovery, the pain and intolerance of light and sound remained as before; the pulse rose to 130. Leeches were applied to the temples and the cold lotion over the head; two grains of calomel were ordered to be taken every two hours; and an opening mixture and an enema were prescribed.

At four o'clock on the morning of Wednesday the 23d, the symptoms continued with little change; the pulse was 120; there was much gaping. Six leeches were applied to the temples, a blister to the nape of the neck, and the medicines were continued.

On Thursday morning, the 24th, the pulse was 100, and she appeared better, but complained of a degree of beating of the heart. At four in the afternoon the pulse was 120, the breathing was deep, sighing and rare, and there was a sense of fluttering at the heart, the affection of the head still continuing. Two grains of opium and five of calomel ordered to be taken immediately.

At two o'clock on Friday morning, Mrs. — was distressed with a feeling of hurry and impending dissolution, and of being "overcome" by sleep; the pulse was 120; and there were sighing and interrupted breathing. At eleven o'clock she was more comfortable—the pulse was 100; there was less pain of the head, and of intolerance of light and sound, less sighing and less faintishness; she had been able to sleep for ten or fifteen minutes without feeling overcome; there was some fluttering.

From this day the amendment was progressive, though slow, and on the 29th the following report was made. There have been some pain of the head, fluttering, faintishness, feeling of dissolution, sighing, breathing, restlessness, &c., at different times, but less than on the 25th; the skin has been in general hot, but once moist; the pulse about 100; the bowels rather disordered, and the stools dark and offensive.

A similar report was made on July the 3d. It also stated that the pulse was easily hurried, that there was an evident movement of the abdomen from the action of the aorta; and that there had been occasionally hurry and alarm during sleep.

On July the 7th, it is reported that Mrs. — is greatly susceptible of the effects of corporeal exertion or mental emotion, which induce hurry, throbbing, palpitation, &c.; and there are still some throbbing or pulsation observed in the neck and about the heart; some tendency to sighing breathing, faintishness, &c.; there is also a return of the pain of the left side experienced during the latter period of pregnancy.

On July the 16th there were still throbbing and palpitation on any exertion, and hurry on the slightest occasion; lowness and faintness; starting and hurry on falling asleep and on awaking; and a visible pulsation of the abdomen.

From this period until the 4th of August, Mrs. — continued to recover in the most favorable manner, when she again experienced a degree of shivering, heat, and pain of the head, and of the side. The medical attendants were called; the pulse was 104; the skin hot; there were pain of the head; the feeling of dissolution on falling asleep; fluttering, faintishness; repugnance to food; severe, but ineffectual retching; the flow of milk lessened; no vaginal discharge. She could not bear to sit up, the window was wide open, a fan and smelling bottle lay on the bed, and the candle was shaded. The bowels had been moved and some dark and foetid motions passed.

The anorexia had existed for some days, the bowels had been disordered, and Mrs. — had parted with Mr. —, who was gone a journey, circumstances which had appeared to conduce to this attack. A brisk purgative was prescribed, and a draught with tinctura opii, spiritus ammoniæ aromaticus, and ether, was directed to be taken, if the operation of the purge should be too great. In the evening I found the medicine had induced four or five alvine evacuations, which were free from fœtor or even odor. The feeling of faintness continued, and the pulse was extremely uncertain in frequency, varying from 84 to 100 in a minute; there were frequent deep sighs, and often gasping, with loathing nausea, and occasionally severe retching. Some beating about the chest, some restlessness, and considerable tremor. She took a little dry toast, a little weak brandy and water, and a little porter, and was ordered half a grain of opium, two grains of carbonus ammoniæ, and three of extractum hyoscyami, to be taken every three hours. This induced much sleep, the first part of which was attended with the same overwhelming feeling as before, but the latter greatly refreshing, and on the morning of August the 5th, she was better in every respect. In the evening she was still better, but complained of oppression, which was attributed to the extreme closeness of the evening. There had been one feculent motion.

On August the 6th, Mrs. — was very much better. There had been a dark, foetid, alvine evacuation.

From this time the recovery was progressive, rapid, and permanent, and the patient continues to enjoy a good state of health, with the exception of a disordered state of the digestive organs.

Mrs. —, aged 44, mother of a large family, became pregnant about the beginning of October, and from that period was subject to sickness and a very irregular state of the bowels, constipation continually alter-

nating with diarrhœa. About the ninth week after conception, there was a flow of fluid by the vagina, which did not coagulate; this flow continued a week, then ceased, but afterwards returned and continued, with the exception of two or three days, until at length the discharge formed into coagula, and abortion took place five weeks after the first flow.

Subsequently to this event there were weekly returns of uterine hæmorrhage, which continued for about two days, and then ceased, again to recur after an interval of about five days.

Before and after the abortion, Mrs. — experienced much tremor, faintishness and fluttering, and was unable to bear any noise or cause of hurry. These symptoms were aggravated more and more at each recurrence of the hæmorrhage, which was always preceded by tumidity and a sense of fluttering about the abdomen, and by a peculiar inability to bear any noise or hurry, which always induced the feeling of approaching dissolution; after the loss of blood there were also severe pain of the forehead, and palpitation of the heart, with tendency to syncope, chilliness, sense of want of air, &c. These symptoms became more and more distressing and serious at each return. The feeling of impending dissolution was so dreadful at length, that, as the patient expresses herself, not only noise and hurry, but even thinking, was too much for her; and the subsequent affection of the head, &c., became very alarming.

I saw Mrs. — on February the 22d. She then complained of severe pain and heaviness of the head, with vertigo on raising herself from the pillow, of deafness, with a humming noise and beating in the ears, and of dimness of sight. She had been very wakeful, but on falling asleep at any time, she awoke hurried, alarmed and overcome, and experiencing a sense of dissolution; or, if she continued to sleep, she was much disturbed by frightful dreams. She had much palpitation of the heart, with fluttering, and a very irregular and intermittent pulse; these symptoms were so much aggravated by any noise or disturbance, as to induce the feeling of impending dissolution, or, as the patient expresses it, of "instant death." There was also great tendency to syncope, requiring the window to be opened, the face to be washed with vinegar, and the smelling bottle to be applied to the nostrils; other odors, however, could not be borne. There was no nausea or sickness. The bowels had all along required purgative medicines, and the alvine evacuations were copious, dark-colored and fœtid. There was much loud rolling of the bowels. No pain of the side or uterine region. There were great pallidness and loss of flesh.

The affection of the head and other symptoms were not only aggravated, but distinctly reproduced, by each return of the flooding, and the patient was always enabled to foretell the recurrence of hæmorrhage by her feelings of internal abdominal fluttering and fulness, and the effect experienced from noise and disturbance.

I prescribed a lotion consisting of two drachms of sulphas zinci, dissolved in sixteen ounces of water, to be inserted by means of a scroll of linen into the vagina; purgative medicines, and the saline effervescing

mixture. The lotion suppressed the hæmorrhage, of which she had only one recurrence, and she recovered most speedily and favorably.

Mrs. —, aged 24, was affected with continued and profuse uterine hæmorrhage after delivery, for many weeks. The countenance became, in consequence, extremely pale and exanguinous, as well as the hands and general surface; the pulse became frequent and bounding; the head affected with throbbing pain, and, afterwards, the heart with beating, the action of the carotids being very evident to the eye and to the finger; the tongue was furred, and affected with large and prominent papillæ; and the alvine evacuations were very fœtid. Mrs. — recovered much from taking opiate and aperient medicines, and on being allowed a little ale.

In this state of convalescence Mrs. — was extremely alarmed and agitated by the occurrence of a storm of thunder and lightning, and became affected with excessive diarrhœa, hurry, and palpitation of the heart, the pulse being too frequent to be counted, and threatening of dissolution. This state was relieved by opiates.

On the succeeding day the countenance was again exanguinous, the pulse extremely frequent, the carotids beat violently, and there were great hurry, faintishness, and debility; the appetite, which had previously returned, again failed; the bowels were open; there was pain from retention of urine; no uterine discharge.

From this time Mrs. — recovered favorably and permanently, on using the same medicines as before.

[To be continued.]

THOMSONISM.

[Communicated for the Boston Medical and Surgical Journal.]

WE are not very fond of calling names, even that of Thomsonism. We have never seen Dr. Thomson, nor read anything of consequence from his own pen. Our attention has, indeed, been sometimes drawn to the subject by the public papers, and by the stories in them of supposed deaths from the Thomsonian practice. We have, also, occasionally taken up a journal which professed to be devoted to the dissemination of Dr. T.'s principles.

We have lately seen the tenth number of a semi-monthly paper of this sort, published at Poughkeepsie, N. Y. and entitled the "Thomsonian." It is a well-printed quarto paper of eight pages, and is edited in a more respectable manner than any paper of the kind we have ever seen. We are especially glad to find in it several good articles on the preservation of health. Still we are not, in general, quite satisfied either with its tone and spirit, or the doctrines it advances. Take, for example, a long article entitled "The Beauties of Calomel, or Calomel Lolling."

The writer—after inserting a caricature engraving of a calomel patient—begins by describing calomel itself. Next, he speaks of its effects. Here, however, instead of going fairly forward and showing its general effects, he presents only those which are incidental and occasional. It

is true that in doing this, he quotes the words of standard writers on its use, and says that "out of their own mouths they shall be condemned." Would he be willing to have the tables turned against himself? He extols the use of lobelia, hemlock, turpentine, camphor, valerian, sumach, cherry and peach kernels, &c.; now would he deem it fair if we should collect and present, as their legitimate effects, all the incidental evils they have produced or are liable to produce?

We neither deny, nor attempt to deny, that calomel is a poison; a very active one, too, injudiciously prescribed; but so are all of the more efficient medicines. It is their poisonous character in which their medicinal power consists. We do not take medicine because it is friendly to the healthy action of the human system, but because it is opposed to healthy action, for the time, and causes a temporary disturbance of the functions. But is calomel, because it happens to be a mineral, any more injurious to the living system than vegetables which are at least as poisonous? Will calomel compare, for one moment, in its deadliness, with prussic acid? And yet the "Thomsonian" recommends the latter; or, at least, the peach kernel, which contains it.

But there is another article in the "Thomsonian" which has attracted our attention more than all the rest. It is an article headed "Thomsonian Materia Medica." In endeavoring to correct the prevalent but erroneous idea that the Thomsonian practitioners use but one or two articles in all, and that steam, cayenne and lobelia constitute the materia medica of the Thomsonian system of medical practice, the writer not only contends that the Thomsonians use a greater number both of simple substances and mixtures than the "mineralites," as he calls them, do; but goes further, and asserts that "there is no article or plant ever recommended by Dr. Samuel Thomson as a remedial agent—there is none contained in his materia medica or used by those who bear his name (a bold assertion, truly) or practise upon his system, which contains a particle of narcotine or poison, and which does not harmonize with the laws of life and aid nature in her efforts to overcome the disease and restore the patient." And as if this was not strong enough, he says again, "We say decidedly, and without fear of contradiction, that there is no article used by Dr. Thomson or his followers which might not be eaten by spoonfuls, like food, and yet produce no other effects than nausea, vomiting or purging."

In order, however, more fully to convince the public, as it would seem, of the truth of his statements, he subjoins what he calls a list of all the principal articles used by the Botanic practitioners. It is as follows.

"Lobelia, cayenne, bayberry, pond lily, hemlock, sumach, wild hazel, sweet briar, poplar, squaw weed, balmoney, barberry, peach kernels, bitter root, Ohio keremia, yellow root, cherry kernels, valerian, myrrh, ginger, black pepper, camphor, turpentine, peppermint, spearmint, summer savory, pennyroyal, horehound, elecampane, May weed, wormwood, tansy, chamomile, mullen, burdock, featherfew, black birch, bitter sweet, skunk cabbage, wake robin, boneset, evans root, elivers, balsam fir, slippery elm, Virginia snake root, mustard, horse radish, butternut, blue vervain, white vervain, sweet golden rod, pipsissawa, bitter thistle, yel-

low dock, lovely thistle, prickly ash, wild lettuce, unicorn root, gold thread, archangel, balm of Gilead, ginseng, meadow fern and red clover."

All these articles, it is asserted, "without fear of contradiction," may be "eaten by spoonfuls, like food, and produce no other effects than nausea, vomiting or purging." What can this mean? Can camphor, valerian, turpentine, lobelia and sumach—to say nothing of the rest—be eaten in this way, and without any intoxicating or narcotic effects? We know better. Every tyro in medicine knows better. Thousands who have taken these articles know better. The editor of the Thomsonian ought to know better. No healthy individual, unaccustomed to these articles, can take a spoonful of either of them—we presume he means a table spoonful—without experiencing their intoxicating or narcotic effects.

But perhaps the editor of the Thomsonian will ask for proof that these articles have other effects than those which they produce on the stomach and bowels. Will he be satisfied with the testimony of his own favorite author—Hooper?

That writer, in his Medical Dictionary, represents camphor as an *antispasmodic* and antiseptic, and says it possesses the power of obviating the strangury that is produced by cantharides. Valerian is also represented as an *antispasmodic*; and, indeed, as a narcotic. All kinds of turpentine are represented as hot, stimulating, corroborant and detergent; "when carried into the bloodvessels," we are told, "they excite the whole system." It is also *diuretic*. All kinds of sumach, except the *Rhus coriaria*, he says, are "active poisons;" but the kind here referred to is the *Rhus glabra*. The *arum maculatum*, wake robin, when cut in slices and applied to the skin, has been known to make blisters. It is a powerful stimulant.

Cullen, in his *Materia Medica*, classes bitter sweet and camphor among the *narcotics*; wormwood, pennyroyal and valerian, among the *antispasmodics*; archangel and pepper among the *sialagogues*; horehound, pennyroyal and elecampane among the *expectorants*; balm, spearmint, pennyroyal, peppermint, mustard, archangel, turpentine, pepper, ginger, ginseng, wake robin, &c., among the *stimulants*, &c.

Let us hear the testimony of Linnæus. The valerian, he says, is "narcotic, *antispasmodic*, sudorific, purging and diuretic." Camphor is "aromatic, acrid, antiseptic, and *antispasmodic*." The turpentine is "bitter and acrid"—useful in phthisis, coughs, &c.; but medicines which act merely on the first passages are not usually so. The butter-nut, he also says, is *narcotic*.

We might add the testimony of other writers, but it seems unnecessary. We have selected Linnæus from the ancients, and Hooper and Cullen from the moderns, neither of whose authority will probably be disputed or doubted. Every one's observation might remind him—should he use them—that most of these articles have narcotic properties. Let him try a piece of camphor half as large as a small chesnut; or a teaspoonful of valerian or lobelia. His doubts, if he has any, will soon disappear.

We will only add that ginger, pepper, myrrh, mint, chamomile, winter-green, and, indeed, most of the articles belonging to Thomson's *materia medica*, are represented by the best writers as having other properties than those which the editor of the *Thomsonian* has mentioned. The peach and cherry kernels, for example, contain the prussic acid, one of the most deadly poisons in its effects on the nervous system. "The prussic acid," says Dr. Gorham, in his *Chemistry*, at page 469 of vol. I, "may be procured from the kernels of the peach." "Its action upon the animal economy is wonderful," he adds; "it operates as a deadly poison; and its action is more virulent than that of any of the substances marked in this class; for even in minute quantity it produces, in its pure and concentrated state, instant death."

Is there not a want of harmony in these statements? We cannot suppose that all Thomsonian physicians are ignorant of the authorities we have quoted. But if not, how do they get over them?

For ourselves, we do not believe that the action of one in six of the remedial agents of the foregoing list is confined to nausea, vomiting and purging—that is, confined to what physicians call the first passages. All the writers on *materia medica* certainly teach otherwise. And we have had ocular demonstration from experiments of our own—in regard to many, if not the most, of these agents—that the book authorities are right. Nay, still more; we believe, most sincerely, that nearly every one of the above list of Thomsonian articles *has* other effects than those which the "*Thomsonian*" has ascribed to them, and that any person at all acquainted with medicine, and endowed with common sense, and a nervous system, who shall take them by spoonfuls and watch their effects, cannot fail to discover it.

To speak of the mineral medicines as being exclusively poisons, and of the vegetable ones as being always harmless, when the merest tyro in botany or *materia medica* knows it to be otherwise, is indeed passing strange. The vapor bath, which some of them use to a very great extent, whether medicated or otherwise, we have no doubt is a most efficient remedial agent, and worthy of a more conspicuous place in truly scientific medical practice than it has usually received. But we do think that it becomes men who talk so much about medical reform, to be consistent, both in their practice and in their public statements. We think, too, it behoves them to investigate carefully the whole subject. Thomsonians may prejudice the public mind against the practice of medicine, in every form, and thus, perhaps, bring us the earlier to demand universal instruction in anatomy, physiology and hygiene; though even of this we have many doubts.

We go for *science*, in medical practice and medical reform, whether we ourselves are the fortunate owners of the article or not. And by science in medicine, we mean large experience, not theory. If winter-green, from time immemorial, has been known to increase the action of the kidneys and bladder, or, at any rate, to increase the contents of the latter, then we class it with the diuretics; and the fact that it is a diuretic, we say is established by science. If camphor is known, universally, to produce giddiness or intoxication—as is most true—then we

say it is a narcotic, or an antispasmodic ; and we consider this as a matter of science.

We are ashamed of the narrow, selfish, revolutionary views of some of the botanic pretenders we have known ; to say nothing of the wretched personal habits of some of their number. Let us not be misunderstood. We do not know that we have had a fair sample of the men engaged in this work, or of the instruments and means by which they operate. But if we have, we cannot hope much from their efforts ; not even from the most decent efforts we have ever known—those of the “Thomsonian.”

W. A. A.

Boston, January, 1839.

PROSPECTS OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK.

A CORRESPONDENT writes thus :—“ Our University goes into operation next November. The lectures will be delivered in the university building (the finest specimen of the Gothic in the United States). The faculty is composed of a board of ordinary and one of extraordinary professors. The student is obliged to attend the former, while the courses of the latter, which it is optional with him to attend or not, present opportunities for obtaining knowledge upon the branches taught by the extraordinary professors, not to be found in any other medical college. The ordinary branches are Anatomy, Dr. Post ; Physiology, Dr. Doane ; Surgery, Dr. Parker ; Midwifery, Dr. Bedford ; Theory and Practice of Physic, Dr. Paine ; Materia Medica, Dr. Lee ; Chemistry, Dr. Draper. Of these, Dr. Bedford stands very high as a lecturer, uniformly giving great satisfaction to the student, and the most eloquent man, upon his branch, that I have heard in the U. S. Dr. Post is a thorough anatomist, and has had some experience in lecturing ; he is clear and concise. Dr. Parker is known throughout the United States, having lectured, probably, to more students than any man of his age. Dr. Paine’s published performances have been well received, and his promised work is anxiously looked for by his medical brethren. Dr. Lee’s treatise on physiology has met with deserved success, and a second edition of it is now in press. Since the year 1830, Dr. Doane’s name has been affixed, as editor or translator, to no less than 20,000 vols. of medical books—he is destined for great distinction. Dr. Draper’s peculiar fitness for the chair of chemistry is undoubted.

The extraordinary professorships will be about fifteen. Clinical Medicine, Clin. Surgery, Clin. Midwifery, Surg. Anatomy, Morbid Anatomy, Diseases of the Eye and Ear, do. of the Skin, do. of the Chest, Comparative Anatomy, Hygiene, Geology, Botany, Mineralogy, Pharmacy, a Lecturer in Dentistry, a Teacher of Anatomical and Pathological Delineation. Some of these chairs are still vacant. Most of these gentlemen will lecture during the summer.

In regard to prospects, notwithstanding the present low state of medical education in this city, the friends of medicine are by no means dis-

couraged, and already many pupils have signified to the professors elect their determination to attend their courses. The school, however, is regarded with an eye of doubt and jealousy by many. A year will determine, and let those laugh who win."

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 16, 1839.

DISEASES OF THE CHEST.*

It would hardly be worth while to make an attempt to convince our friends, at this late period, that the writings of the celebrated Laennec were entitled to respectful consideration. The fame of the author has been so widely extended, and his discoveries so highly appreciated by all intelligent practitioners of the healing art, throughout the civilized world, that nothing could be said to enhance the value of them or to lessen their influence. But since the death of Dr. Laennec, several men of distinguished attainments have commented upon his brilliant discoveries, and added the weight of their testimony to the truth of his observations, and thus, while verifying his precepts, have greatly extended the field of knowledge so successfully cultivated by that great pioneer in medical science.

The translation of Dr. Forbes was made from the third French edition, enlarged by copious notes, a sketch of the life of Laennec, and an extensive bibliography. Last year a fourth edition appeared in Paris, enriched with numerous notes by Professor Andral, of the Medical School, whose reputation is as extensive as the boundaries of medical literature. The great demand which prevails in this country for a work universally esteemed excellent, has induced the Messrs. Wood, of New York, to give the public a second American edition, which is more complete than any which has preceded it, the notes of Professor Andral having been carefully translated into English by John D. Fisher, M.D., of Boston, who has, also, actually added the amount of one hundred and fifty pages of entirely new matter to this edition. Thus we have now a most unexceptionable and valuable system of auscultation, illustrated by the labors of Dr. Meriadec Laennec, a relative of the author; and, in addition, the essentially practical observations of Dr. Fisher on cerebral auscultation, at the close of the volume. It may not be inappropriate to remark further, that there are two lithographic plates in this volume, delineating the shape and dimensions of the stethoscope.

The part which more particularly demands our interest in this edition, is that by Dr. Fisher, at the close, on cerebral auscultation. After detailing the circumstances which led him to this kind of exploration, he gives plain and simple rules for conducting inquiries, worthy of careful consideration.

"In practising cerebral auscultation," says Dr. F., "the person to be

* A Treatise on the Diseases of the Chest, and on Mediate Auscultation, by R. T. H. Laennec, M.D., &c. &c., to which are added the notes of Professor Andral contained in the fourth and latest French edition. Translated and accompanied with observations on Cerebral Auscultation, by John D. Fisher, M.D. With plates. New York: S. S. & W. Wood, 261 Pearlstreet, 1838. 8vo., p. 781.

examined should be in a horizontal position, with his head supported by a pillow. If it be a child, the examination can be more satisfactorily made while it is asleep than when awake; for while the child is asleep, its head can be approached without danger of causing it to cry or become restless. The head to be examined should be covered by a cap, napkin, or some soft covering. Such a protecting medium will prevent noise, which, without it, might arise from the friction of the hair against the auscultators's ear and head. By attending to these precautions, I can, by applying my ear to the heads of healthy children, hear a sound which is evidently produced by the air impinging against the walls of the nasal cavities during the act of respiration," &c. "A second sound which strikes the ear, is one which seems to be transmitted from a distance. It is evidently that of the heart, and is a soft mellow sound, resembling that produced by softly palpating our cheeks when moderately distended by air."

To copy extensively would be an act of injustice towards the enterprising publishers, as well as to Dr. Fisher, who has rendered valuable service to the professional community by his labors in this important branch of medical investigation. We can cheerfully recommend the volume as eminently worthy of patronage. It is possible that a further notice may be given of Dr. Fisher's views, in a subsequent number.

Deaths in Penitentiaries.—During the year 1837, the number of deaths in various prisons in this country, was as follows. *In the State Prison of Maine*—deaths, 1; average number of deaths for 13 years, 1 1-7; the average number of prisoners, 80. *New Hampshire*—1, out of 72 prisoners; deaths in 21 years past, 20; the average number of prisoners, 70. *Vermont*—2 deaths. *Massachusetts*—5 deaths, out of an average of 284 prisoners. In 10 years past, average of deaths, 5 out of 270 inmates. *Connecticut*—1837 and 38, 4, or 1 in 49. Average number of deaths in 10 years preceding the last, 3, or 1 in 61. *New York*—Auburn, deaths, 19, out of 678 prisoners. Average number of deaths in 10 years, 12, out of 641 prisoners. *New York*—Sing Sing, deaths 20, out of an average of 753, or 1 in 37. Average mortality for 6 years, 22; the average of prisoners in the time being 814—the deaths, therefore, being 1 in 37. *New Jersey*—In 14 months preceding Sept. 30, 1837, 1. *Pennsylvania*—Philadelphia, average number of prisoners, 386—deaths, 17; per cent. 4.3. *Maryland*—Baltimore, 13 deaths. For 5 years, the average mortality was 1 in 34; in the past year only 1 in 30. *District of Columbia*—Washington, none in 1837. Only one death has occurred in the institution, which was established in April, 1831. *Tennessee*—number of prisoners in 1837, 122; the deaths in two years were 13. *Kentucky*—in 1837, the number of prisoners was 114, and the deaths 2. Forty or fifty prisoners were in the hospital at the same time, once or twice. *Ohio*—deaths, 9; the average number of prisoners being 353. The preceding year the deaths were 11, and the whole number of inmates 290. *Louisiana*—Baton Rouge, deaths, 7; the number of prisoners being 112.

It is worthy of observation that a careful attention is paid to ventilation and perfect cleanliness in the cells of all these prisons. If anything is essential to the health of the prisoners, where such numbers are congregated, it must be an unvitiated atmosphere. Considering the aggregate of persons in confinement, the mortality has certainly been exceedingly small.

Boston Medical Association.—A pleasant meeting of the Boston Medical Association was held at Dr. Hildreth's, Lagrange Place, on Friday evening last. Nothing contributes more to a good understanding among the members of the profession in cities, than frequent social intercourse. We hope, therefore, the spirit which has thus far characterized these in Boston, will always be cherished with increasing interest.

Mortality of Boston in 1838.—The city has never been freer from epidemics in any period of its history, perhaps, than the past year. The total mortality was 1920 only. Consumption, as usual, was the most formidable disease in the catalogue—256 having been swept away by it. Of infantile complaints, 112; unknown diseases, 132; and of old age, 65. We are struck, particularly, with the number of stillborn—121. The population of the city is supposed to be not far from eighty-two thousand.

Philadelphia Medical Society.—From the Medical Examiner is extracted the following list of officers, of the Philadelphia Medical Society, for 1839. The annual election was held January 2d. Dr. Thomas Harris was elected President; Drs. S. Jackson and R. Coates, Vice Presidents; Dr. Bond, Treasurer and Orator; Drs. B. H. Coates, Warrington and White, Secretaries; Dr. Johnston, Librarian; Drs. Brewer, Kirkbride, J. Parish, West and Patterson, Curators.

Important Surgical Operation.—Early in September last a rencounter took place between Mr. T., a stout, muscular young man, residing in Sangerties, Ulster co., and one of his neighbors. In the course of the affray Mr. T. received a stab near the left shoulder, which wounded the main artery a little below the collar bone, and nearly terminated his life upon the spot. The bleeding, however, was arrested, and the wound was healed, but not without the formation of a bloody tumor, which, in two weeks from the time when the wound was given, appeared to be on the point of bursting.

At this time the operation of dissecting down and tying the subclavian artery was performed by Dr. G. H. White, of Hudson, assisted by Dr. S. White, and by Drs. W. and B. Dewitt. The operation was successful. On the seventeenth day the ligature came away, and in three weeks the wounds were healed. This man may be truly said to have had a very narrow escape—first, from a very severe and dangerous wound, and, secondly, from a difficult and hazardous operation.—*N. Y. Spectator.*

Intense Headache induced by the presence of Grubs in the Frontal Sinuses.—A woman presented herself, recently, at the Hospital at Sienna, complaining of intense headache. The pain was most severe over the forehead; and often it was so distressing that she became delirious. She said that, some time before, a common fly had got up one of her nostrils, but whether it ever came out again she did not know. The physician in attendance suspecting that there might possibly be some of its ova deposited in the nasal cavities, advised her to fumigate her nostrils with the vapor of some anthelmintic substance. Judge, then, of her surprise when, a few hours afterwards, she found that several full-formed grubs were discharged. Upwards of fifty came away during the course

of the next week. These grubs were at once recognized to be those of the common flesh-fly (*moscadi carne*). To prove that there was no mistake, several of them, being kept in favorable circumstances, passed from the state of chrysalis to that of a perfect fly. The woman was at once relieved from all her sufferings.—*Bulletin Med. Belges*.

The Blood.—Professor Mitscherlich has performed a variety of experiments for the purpose of determining whether substances introduced into the animal economy cause any appreciable change in the blood, but the results obtained have unfortunately been, for the most part, negative. He has, however, ascertained that most substances act only on the globules of the blood when placed in immediate contact with them; for if they are submitted to the influence of digestion and absorption, they undergo certain changes which totally destroy their powers; thus acetic acid, oxalic acid and ammonia will not dissolve the globules, unless injected directly into the veins or arteries. Solutions of the sulphate of iron, and sulphate of copper, when introduced through the stomach, seem to exercise an influence on the blood, but if mixed directly with the latter they produce an evident irregularity in the form of the globules.—*Müller Arch. and Arch. de Med.*

Sudden Death.—In a memoir on the causes and frequency of sudden death, M. Devergie analyses forty cases which he had observed, and shows, contrary to the vulgar opinion, that apoplexy is much less frequently the cause of sudden death than is imagined; of the forty cases only one was produced by apoplexy. Pulmonary congestion is a much more frequent cause; this has been observed by M. Devergie in twelve cases singly, and in twelve others combined with congestion of the brain. Finally, he asserts that syncope may terminate in death, without the occurrence of any organic lesion.—*Arch. de Med.*

New York University.—The editor of the Examiner is constantly opening phials upon the heads of the counsellors—touching the organization of the faculty of medicine. As nearly as we can discover, there is too much machinery in the institution, or there would be less friction. If energy of character, genuine talent and tact are desirable qualifications in a professor, we have entire confidence in the success of some of the gentlemen elected. That there will be drones and dead weights in the hive, is to be expected—and some injudicious, indiscreet members of the council; but on the whole, the aspect of affairs is certainly of an encouraging character.

TO CORRESPONDENTS.—Dr. Alexander's paper on the capillaries of the eye, and other favors, have been received.

DIED.—In Brimfield, Mass., Dr. Orson Parker, aged 30.—At Hartford, Conn., Dec. 28th, Dr. Dwell Morgan, an eminent surgeon, 74.

Whole number of deaths in Boston for the week ending Jan. 12, 28. Males, 17—females, 11.

Of consumption, 2—scarlet fever, 11—measles, 1—marasmus, 1—dysentery, 1—lung fever, 3—disease of the heart, 1—fits, 1—child-bed, 1—croup, 1—burn, 1—sudden, 1—affection of the heart, 1—enlargement of the heart, 1—stillborn, 2.

AMERICAN MEDICAL ALMANAC.

American Medical Almanac, for 1839—designed for the daily use of Physicians, Surgeons, Students, and Apothecaries; being, also, a general Medical Directory of the United States. By J. V. C. Smith, M.D., Editor of the Boston Medical and Surgical Journal. Published by Marsh, Capen & Lyon, 133 Washington street, Boston.

J 16.

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct 31—eptf

NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,

Oct. 17—lyeop

33 Prince St. corner of Salem St. Boston.

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 18th day of February, 1839.

Anatomy and Medicine, by JOSEPH RORY, M.D., of Boston.

Theory and Practice of Physic, Obstetrics, and Medical Jurisprudence, by JAMES McKEEN, M.D.

Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The Anatomical Cabinet and the Library are annually increasing.

Every person becoming a member of this Institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the lectures is \$50, payable in advance. The lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, Me., October, 1838.

P. CLEVELAND, Secretary.

D. 5—enp6t

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post-paid*, without which no letter will be taken from the post office. Oct. 25.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving Medical Instruction. Students will be admitted to the medical and surgical departments of the Massachusetts General Hospital, may see cases in one of the Dispensary Districts, and have abundant opportunities for observing the smallpox and varioloid diseases. They will receive clinical instruction upon the cases which they witness, and during the interval of the regular lectures at the College, they will receive instruction by lectures and recitations upon the various departments of medical science. Ample opportunities will be afforded for the cultivation of Practical Anatomy. They have access to a large library, and are provided with a study, free of expense.

Applications may be made to either of the subscribers.

M. S. PERRY, M.D.,
H. L. BOWDITCH, M.D.,
J. V. C. SMITH, M.D.,
H. G. WILEY, M.D.

July 25—eoptN—emtJy

ORTHOPEDIQUE INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

AT 65 BELKNAP STREET, BOSTON. Patients from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

WE the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edward Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Romans, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. A. Lane, Edw. Warren, Geo. B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838.

tc.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance, \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XIX.]

WEDNESDAY, JANUARY 23, 1839.

[NO. 25.]

DR. MARSHALL HALL ON PUERPERAL DISEASES.

(Continued from page 379.)

THE cases which have been now detailed, will sufficiently display the usual symptoms and effects of loss of blood in the puerperal state, and demonstrate the danger, in different cases, of mistaking these effects for inflammation, or disease of the brain or heart, according as the symptoms affecting the former or latter organ may predominate. The first will strongly illustrate the danger of drawing a wrong inference from the effects of bloodletting in such cases; for the symptoms were all relieved by this measure; but its repetition was attended with some alarm, if not hazard. This case illustrates another point, which is, that leeches applied to the temples may relieve and be admissible when general bloodletting is inadmissible. It is further to be observed, too, that the application of leeches to the temples was followed by the same degree of reaction as the bloodletting; so that, in this respect also, they formed the appropriate remedy. The second, and especially the third of these cases, strongly exemplify the symptoms of affection of the heart arising from loss of blood.

I now propose to detail the principles of the treatment in cases of the effects of loss of blood in the puerperal state.

In the first place the state of exhaustion from loss of blood, with or without reaction, by no means precludes the possibility of congestion within the head. And it is no less certain that the application of leeches to the temples, or of the cupping-glass to the back of the neck, relieves the symptoms of affection of the head, arising from loss of blood, in a remarkable manner. In a case given by Mr. Hey, in his work on puerperal fever, which I regard as being of this character, and to which I shall have occasion to revert hereafter, urgent symptoms of affection of the head were twice relieved by the abstraction of but three ounces of blood from the temporal artery. This mode of treatment must not, therefore, be neglected, except in the most extreme cases, in which the loss of even so small a quantity of blood, and that from the head even, might precipitate the remaining powers of the patient.

The next point of practice which requires to be mentioned is the state of the stomach and bowels. If these were free from all disorder before the occurrence of the loss of blood, yet the state of exhaustion ever induces a deranged state of the alimentary canal. The state of the bowels must, therefore, claim our attentive consideration in every

case of symptoms arising from loss of blood Their functions and tone must be carefully restored by every means in our power, while we as carefully avoid any fresh source of exhaustion. The bowels must, in particular, be carefully evacuated daily. This may perhaps be best done by means of the warm water injection, so often recommended in these lectures already, with or without the aid of a draught containing an ounce of the infusion, and two or three drachms of the compound tincture of rhubarb, and of manna.

By these means, the state of irritability which is so apt to affect the system, and especially the head and the heart, in cases of exhaustion from loss of blood, is greatly obviated. But, for this affection, it is frequently also necessary to give some mild but efficient anodyne. The *tinctura opii*, the *tinctura hyoscyami*, the *spiritus ammoniæ aromaticus*, &c., are extremely useful remedies in this affection. But perhaps the best are the *liquor opii sedativus* of Battley, or the extract of poppy, given in efficient doses.

When the head, the heart, and the alimentary canal have been thus relieved, and even during the exhibition of the medicines which have been enumerated, it is of the first importance to attend to all the following points: viz., nourishment, fresh air, quiet, soothing, sleep, &c.

It is difficult to give any rule for the administration of nourishment. But the first rule is to ascertain that the bowels have been properly evacuated; otherwise food will only oppress the stomach; the second is to give the nourishment itself in such forms as will prove light and easy of digestion; the third is that it should be taken at first very slowly and in small quantities. Arrow-root, done in water, beef-tea, panado, sago, &c., may be given frequently.

The best restorative we possess, is, I believe, fresh air; but it is especially the best in the cases under consideration. The warmth and closeness of a lying-in room, must therefore be forthwith exchanged for free ventilation, only observing the due precautions against giving cold.

Nothing is more essential than quiet, both of body and mind. Bodily exertion leads to still further exhaustion, and perhaps even to unexpected dissolution. And every kind of mental effort or hurry not only exhausts the patient's strength, but is extremely apt to lead to those attacks of symptoms of irritability, of which I have given so full a description.

The patient should be soothed and lulled in every possible way; and it is of the utmost importance to procure sleep. But it should be observed, in regard to sleep, that too long a sleep is apt to exhaust or overwhelm the patient. This is especially true if it be not preceded by nourishment. The sleep is also apt to be injurious by leading to turbulent dreams, which have the same bad effects as waking hurry of mind; the sleep should, therefore, be watched, and it should be interrupted if the patient is observed to suffer from agitation; this is best done, I think, by offering nourishment, for the patient is immediately collected, on awaking, from knowing what is doing.

There is one point which I have not hitherto mentioned as it deserves. It is the efforts made by the patient to suckle her infant. Nothing is so

injurious in *all* puerperal diseases. These morbid affections have often appeared to be first induced by the attempt to nurse; and they have still more frequently been exasperated by it. This attempt especially involves, within itself, almost everything which can be injurious in a state of exhaustion; the drain, the muscular effort, the mental excitement, implied in the act of suckling, are all of the most injurious tendency in this affection.

(To be continued.)

ON THE CAPILLARIES OF THE EYE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—When my former article* on the anatomy and physiology of the capillary bloodvessels was inserted in your Journal, I was not aware that the optical phenomena which induced me to write that article had been previously observed or described by any author. I have since discovered that they have been treated of in various scientific and medical works. No one, however, so far as I have been able to discover, entertains the same opinion with regard to them that I do. So early as 1831 a writer in the London and Edinburgh Philosophical Magazine, Thomas Batchelor, Esq., describes them as observed in his own eyes, and by referring to that article it will be seen that he entertains the same opinions and gives the same explanations of them as your correspondent, Mrs. G. The earliest published opinions of that lady, upon this subject, appear in the same journal for 1834. She afterwards treats of them, more at length, in a work entitled “Discoveries in Light and Vision,” published in 1836, which contains many interesting and novel experiments and suggestions, and deserves to be much more extensively known than it is.

Mrs. G. thinks that the objects seen in the eye, and which I suppose to be the seriferous capillaries of that organ, are nothing more than viscid secretions floating in the aqueous humor, and that what I suppose to be pores in the parietes of these vessels are air-bubbles adhering to the viscid secretions after they have assumed the form of strings, or that the bubbles adhering together form these strings. She states that the strings seldom continue of the same shape more than a second or two. My observations have led me to a very different conclusion. I stated in my former article that they retain the same appearance for years, and I now repeat the assertion. The vessels which I first saw are now distinctly visible, and I cannot perceive any change whatever in their appearance. I need hardly observe that this would not be the case, if they were nothing more than strings of bubbles. Dr. Dunglison,† in some comments on my opinions, states that he had seen in his own eye a tube resembling those described by me; and afterwards in some remarks introductory to a communication‡ from Mrs. G., he makes the following observation.

* Boston Medical and Surgical Journal, Vol. XVI. No. 18.

† American Medical Intelligencer, Vol. I., page 145.

‡ American Medical Intelligencer, Vol. I., page 186.

"We may merely observe," says he, "in reply to the reference made to the appearances in our own eye, that they could not have been of the character to which our correspondent (Mrs. G.) alludes, inasmuch as instead of rarely continuing in shape more than a second or two, they were identical, or nearly so, for months or even years."

When these vessels are seen most distinctly, the pores in their parietes have no resemblance to air-bubbles; they are not in immediate contact with each other, but placed at distinct intervals. Their relative position never varies. The ramifications of the vessels are distinctly visible. I have repeatedly seen one part of a vessel in the very act of contracting its diameter, while the other parts remained the same. It may be objected that the diameter of a string of bubbles would be diminished by its being stretched out; but I have seen these vessels contracting their diameter when they were not stretched out, but very much folded up upon themselves. Mrs. G. says that some of them have detached open extremities; I have never seen any such, and I cannot conceive how a string of bubbles can have an open extremity. Dr. Dunglison, in speaking of the tube seen in his own eye, remarks, that instead of "the pores being confined to the sides of the apparent vessel, there was a manifest termination in an open mouth." I think Dr. Dunglison must have been deceived. I have myself several times thought I could perceive detached extremities to these vessels; but I have always discovered that I was deceived by a part of the vessel being hidden from view. I do not deny that any such extremities exist; but I do not think their existence probable.

The reader may be disposed to think that the objects observed by each of us are of a different nature; but I am satisfied that the same objects are to be seen in every eye. I have never known any one fail of seeing them, who made use of the proper means. I feel confident that both Mrs. G. and myself see the same objects; and, of course, the conclusion of one or the other must be erroneous. We have no proof of the existence of air or gas of any kind in the form of bubbles in any of the healthy living fluids. If it did exist in any considerable quantity in the aqueous humor, it would be a very serious impediment to vision; now thousands of these pores are seen in the eye; but, in general, it is only when the attention is directed particularly to them and the eye is placed in a favorable light, consequently thousands pass their entire lives without ever noticing them.

To suppose that air-bubbles could attach themselves together in the form of a string, and retain, in an organ so restless as the eye, the same relative position for years, is absurd, and Mrs. G. does not suppose it. She says that they seldom continue in the same shape more than a second or two. To account for those objects which I affirm to remain the same for years, she makes use of a very singular supposition. She says,* "The fixed tubes and spots certainly, as Dr. Alexander observes, have the appearance of being in motion, a motion which only belongs to the eye itself. On a careful examination, after the lapse of a year, he will find that the spots and irregular tubes, which he imagines are the

* Boston Medical and Surgical Journal, Vol. XVII., p. 80.

seriferous capillaries, will appear in the same place and present the same appearance. They are nothing more than *flaws* and *cracks*, just such as we see in the *dried* lens of an ox when we look at it through a magnifier." Now Mrs. G. seems to conclude that because there are flaws and cracks in the *dried* lens of an ox, there are flaws and cracks in the living human lens. Even supposing that flaws and cracks do exist in the lens, they could not present the appearance of these vessels. Some of the vessels that are seen move very freely upon themselves, and are evidently ramified upon some internal part of the eye, which is capable of moving independently of the external coats. Flaws or cracks in the lens could not change their relative position. Whoever will take the trouble to observe for himself, will be convinced that the appearances described remain always the same. He will no doubt find it difficult at first to get a good view of them, and to keep them in sight for any length of time; but by practice this difficulty is overcome, and if he then fixes upon any one of the vessels, and remarks its peculiarities, he will be able to see it again and again, and to convince himself that it remains always the same. It is from not pursuing this course that Mrs. G. has been deceived.

Mr. Batchelder makes the following remarks on the means of rendering the *muscæ volitantes* (as he calls them) visible. "I have tried," says he, "various means of illuminating the interior of the eye, in order to examine these specks to the greatest advantage. They may be seen by looking through any small lens at a candle—it is best to use the smallest lens which can be procured; for the light thus entering by a very small point is obviously more likely to admit of a shadow being cast upon the retina by a small object between it and that membrane. By looking through a small hole in a plate of tin, I have also clearly seen a stratum of still smaller particles than those which appear as specks, and interfere, in a trifling degree, with vision under ordinary circumstances."

Mrs. G., in "Discoveries in Light and Vision," recommends a variety of methods which will be found very useful by the beginner; it is, however, easy to acquire the power of seeing the vessels without any artificial aid, and it is better to do so, as they are then seen more distinctly and frequently, and in different lights.

In Vol. IV. of the new series of the London and Edinburgh Philosophical Magazine, will be found several papers on the bloodvessels of the retina as rendered visible by the experiments of Steinbuch and Perkinje; but these are an entirely different set of vessels from those now treated of, and only the shadows of them are seen; on this account I shall not at present take any further notice of them.

Boston, Jan. 10th, 1839.

ANDREW ALEXANDER.

PEDATE VIOLET.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—This herb is now called, by botanists, pedate violet, or birds foot violet; but has long been, and is yet, known in the western part of

Massachusetts by the name of parsley violet, and was so called when first had of an Indian in 1696. I do not know that it has ever been noticed by any medical author for any use as a medicine, but it has been so esteemed in my father's family, and was ever ready for his use during his life, after he had been relieved by it in a case of nephritis in 1739, to his death in 1792. It has been kept by me as a shop medicine more than sixty years. If asked why not more generally known and used, I answer, I have not failed in many opportunities of telling its properties; nor has it been used by me alone, as I have supplied some even at a distance. A tea of these violets I esteem as an excellent mucilaginous diuretic, so affecting the urinary vessels as to have promoted the passage of calculi into the bladder and brought them off. It has also relieved a spasmodic dysuria, and is a valuable medicine in disorders of young children, and been often of use in complaints of child-bed women, making a palatable drink not improper in a fever, and, a little sweetened, rarely refused even by timorous little ones. I doubt whether a substitute can be found to operate with so much ease and so good effect, without any consequent debility of the vessels, which is probably owing to the peculiar mucilaginous quality of the herb.

I think the article ought to be introduced into the *materia medica*, and also cultivated, lest the agriculturists, in their zeal for improvement, should eradicate it, which I should consider a loss. I have never seen them growing in Berkshire. They are to be found on the head lands of old plough-fields, on the plains in the valley of the Connecticut river in this State, which were formerly covered with yellow pines. I have had my supply always from Hatfield. The largest growth of the said violets I ever saw was north of Westfield town, on the old road, as I went to Northampton some years ago in May. Near the middle of said month they are in full bloom, when they ought to be gathered, root and branch, dried well in the shade, inclosed then in paper bags (double) and secured from moisture.

The petals of the flower are five in number (of the size of the garden violet flower), two of them white, two pale blue, and one a deep blue (if I forget not their order), standing on stems rising direct from the main root, as do each of the leaves. In some instances there are fifty or more leaves from one root; the stems of the leaves and fibres from the main root, when dried, are not larger than fine wire; said main root ought ever to be bruised before steeping. I have thought a tea from them to be best if made with water not boiling, but simmering hot, and the second steeping as good if not better than the first, if made seasonably.

For a persuasion to have these violets noticed and used as a diuretic, I will relate certain cases where said violets were used to good effect, and if my narrative is thought too circumstantial, I hope that it will not be thought altogether uninteresting. The Rev. Wm. Williams, of Hatfield (their 2d minister), in the seventeenth century had many relatives in the neighborhood of Boston; his daughter Martha (eventually my grandmother) was, say in the year 1696, when not quite ten years old, carried to reside awhile with her aunt Hyde at Mystic (now Medford), four miles from Boston; while there she heard her aunt relate that her

son's life had been despaired of in a case of gravel, and that an Indian happening to call and ask what was the complaint, was told the case and of his desperate state, and said I think I can give something to help him. His two physicians, who were of Boston, were soon informed, who agreed to have him use the medicine, and requested that if practicable Mrs. Hyde would procure some of his roots. She laid aside two or three roots, which were set in a garden and carefully attended to; they sprouted and proved to be the parsley violet (as then and till lately so called). The young man voided a calculus and recovered, and the cure was imputed to the violets.

My father, Col. Oliver Partridge, formerly of Hatfield, was 26 years old in 1739, so that it is near a century since the time he was so greatly afflicted with the gravel that his recovery was despaired of by all who saw him. Being the only son of his parents and in active usefulness in civil and military life, his distressed and hopeless condition excited great anxiety in all who knew his state. My grandmother would since say, that sleep was departed from her, and finally, in her anxious wakeful hours the case of her cousin Hyde, as she heard related (as above said more than 40 years before) came suddenly into her mind, and without delay the said violets were procured, plentifully used, and he voided a calculus, and was relieved. He himself has told me that it was nearly the size of a large pea, not entirely round, somewhat notched, so that he was astonished at its ever being brought off. Many times after this he had turns of dysuria, and was always relieved by the violet tea, and sometimes the sediment of his urine, when dried, was gritty. He died of a pectoral affection in 1792.

More than thirty years since, as I was going to Saratoga Springs with a diseased friend, an old gentleman with his attendant happened in company, and he was subject to nephritic complaints; his favorite physician was Dr. Sylvester, of Boston (if I rightly remember the name), whose directions he had followed some years, and had used his silver catheter himself. We rode till near two o'clock, when his pains obliged him to stop; after resting, &c., we went on a few miles, and he could go no further. His pains were so great, and he so disheartened, that he said he should never go on or return, but die there. The medicine he had taken that day I thought to be soponaceous and anodyne, but it had not the effect he expected. I persuaded him to lay aside his medicines and use the violet tea. He went into a bed warmed (say Sept., 5 1-2 P. M.), and took two large teaspoonfuls of my elixir asthmatic (so made, i. e. opium ζ i. &c., to 8 $\bar{3}$ spts.), and plentifully of the violet tea often, and a little food in the evening, as tea and milk biscuit. By 11 o'clock he was so comfortable I went to bed, directing his attendants not to omit the tea; I think he might have taken more than a quart. During the night his water flowed with ease and in plenty, and in the morning he was comfortable. I observed at the bottom of one of the urinals, what I saved and proved to be five calculi, two of the size of large radish seed, and three of a likeness to cabbage seeds. We rode to Albany (11 miles) this day, and Friday (the next) to Ballstown. Sabbath, he was out, P. M., two miles to meeting. In the night I was called up

and found him using his catheter; the violets were again used, and he was comfortable the day after, his urine carelessly thrown out. We were at the Congress Spring as soon as we could be; this water was very beneficial to him, and proved to be of a lasting benefit.

March 28th, 1830, a female, the third child of healthy, respectable parents in active life on a farm, was born, and to appearance healthy as usual, till nearly six weeks old, when it had turns of pains which daily increased until they were distressing. Living in the northwest part of this town, their family physician was Dr. C., of Lenox, in whom they had all necessary confidence. The attacks were from four to six or seven times in 24 hours, as sudden as a flash, with shrieks from distress as if pierced through with a knife, throwing out her limbs as if her whole body was afflicted with spasms; the arms, with several tremulous jerks, placed on her head, as if to pull it forward; the arms a minute or more not pliable; the lower limbs bent and drawn up some, and the body bent forward, some resembling emprostotonos. The distress did not continue more than two minutes before she sobbed, swooned, and sank into a listless state, as if much fatigued, and at once all the muscles became quite relaxed. After about six weeks attendance (as thought necessary) the said doctor quitted his patient, saying that she was affected with an incurable malady, seated, as he thought, in the head, that it did no good to give any medicine, and that she would languish and die, for he had not given an article which appeared to be of any benefit, except castor oil, after which the spells of distress were more tolerable two or three times. This relation was from the mother, who, some days after the child was left by her doctor to pine and die, brought her to stay at our next neighbor's a few days, as she said, not to expect any benefit from my prescription, for she fully confided in her doctor's opinion as to the event, but only to let me see her distress, and know whether I had ever seen or heard of anything like it. She said they could not impute the distress to any disorder of body; she slept quietly except at the times of distress, was supplied with a plenty of good food from the breast, and seemed to relish it, yet she was evidently more and more feeble and languishing, and she presumed would soon die, as the doctor had said, and that she and her husband were worn out with care and watching day and night, and had not had a quiet night's rest in more than five weeks. Sitting a few hours by the child, several females being present, we were startled as suddenly as if a pistol was fired, with a shriek of distress as the turns, above described, came on. I soon questioned whether the babe was not found wet directly after said times of distress. The mother said, invariably very wet. I then said I should not wholly despair in the case, and would give a little medicine if directions would be followed, which I thought might be very beneficial, if it did not remove the complaint, and was very certain it would not be hurtful. Fearing that in this distressing case, pronounced desperate and believed to be so, an herb tea alone prescribed would be disdained and neglected, I ordered a tea of said violets to be given every hour (if not asleep), and to insure strict attendance, added 8 or 10 drops, every 2d hour, of spt. nitre dulc. neutralized with aq. ammonia. Near midnight

she had another distressing spell, but never any more. The mother tarried a few days, expecting a return of the complaint, which I tolped her I should call a spasmodic dysuria, and the most distressing of the three cases I had seen in subjects too young to tell their complaints, and yet much the soonest relieved; that she might impute the relief solely to the violet tea, which she might continue, abating by degrees, and finish in about two weeks; but if any return of the complaint, to have recourse to the tea again.

About two months after I met the father, on the road, who told me the babe was doing well and gaining strength and health; but they were inclined to think she made rather too much water. I directed some uva ursi and rosar. rub., made into a strong tea and given syringe-wise awhile. This family afterwards moved to a distance. Last winter, in an answer to a letter to her parents, the mother informed me that the child had not had any of said complaint since, but enjoyed comfortable health, yet was not so athletic as her brother and sister, and they think that she has not been able to retain her urine as long as their other children.

The particular efficacy of these violets in disorders of little ones who cannot tell their feelings, is such, from their mucilaginous and diuretic qualities, that I cannot think of a substitute, especially when from attentive observation I find that something of the kind is needed; and for the benefit of these patients alone, I think these violets are worthy of notice.

Stockbridge, Dec. 1838.

Your friend, &c.,

OLIVER PARTRIDGE.

P. S.—It is presumed that this article will long be called parsley violet by the people of Hampshire county.

O. P.

SUSPENSION OF THE POWER OF SPEECH FROM THE USE OF CAMPHOR.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I was called on Sunday, December 16th, to visit Miss B., a young lady whom, the messenger said, was very ill, and that she had “already lost her speech.”

The following symptoms were obvious upon my arrival:—flushed face, eyes suffused with blood, pupils dilated, extremities cold, pulse full, soft, and about forty to the minute, breathing laborious, and a constant putting of the hand to the top of the head and again to the stomach, as though suffering great pain in both of those organs, the brain and the stomach. In addition to these symptoms there was a total loss of speech for the time being; but notwithstanding the power of speech was lost, her hearing remained unimpaired, so that she understood every inquiry that was made, and nodded her head in confirmation or denial of all questions asked her.

As I was informed by her friends that she had never been subject to fits, and that she had enjoyed the most perfect health for a long time previous, and as her tongue at this time appeared perfectly clean and

natural, I could not account for the symptoms until, upon close inquiry, I found that about four hours previous to my being called in, she had taken, for a slight pain in the stomach, a dessert spoonful of a strong solution of camphor, but which had been entirely overlooked by her friends as the cause of her illness, although she became unwell and lost the power of speaking soon after taking the draught.

Before and after I arrived, she had exacerbations of suffering as often as once in twenty minutes, when she would almost cease to breathe and appear in great anguish and distress.

As she had previously enjoyed good health, and as the appearance of her tongue at this time did not indicate any derangement in the digestive apparatus, I did not hesitate to say that her illness was produced solely by the camphor which she had before taken. If this conclusion was correct, the case obviously offers itself as one confirmatory of the theory "that camphor in its operation is primarily and chiefly directed to the cerebral and nervous systems; and the circulation, though usually affected to a greater or less extent, is involved only through the agency of the brain." It will be recollected in this case, that although the camphor was taken in a sufficient quantity to suspend the power of speech and produce other alarming symptoms, yet it entirely failed, as a narcotic, of affecting the function of the brain so far as hearing, seeing and understanding were concerned.

The statements of this young lady, after her recovery, were, that after taking the camphor she was seized with a violent pain in the head and through the temples, accompanied with an indescribable sensation of sinking and exhaustion, as though her breath was leaving her.

In conclusion, I will merely add that the remedial means made use of were a blistering lotion to the temples, and a smart emetic of ipecacuanha and mustard. The emetic not operating, it was repeated in thirty minutes; full and free vomiting soon followed, with the recovery of speech and the abatement of the unfavorable symptoms.

Wilton, Me., Dec. 30th, 1838.

JAS. L. BROOKS.

ACCLIMATION IN THE WEST.

IN the West, you will often hear medical men, as well as others, speak of strangers becoming seasoned or acclimated. These terms refer to some kind of illness (mostly of a febrile character) with which emigrants are attacked, and this sickness, of whatever character it may be, is considered as constituting the highest point or summit of a gradual process called *acclimation*. Emigrants commonly experience this sickness, which is supposed to procure for them, in a greater or less degree, exemption from future attacks, during the first, second or third year; but the longer it is delayed, generally speaking, the more severe is the attack. The following account of an attack of extreme severity, which occurred in the third year of the residence of the writer, it is true is not strictly medical in its details, but as the circumstances under which it occurred continue to exert a deleterious influence upon the health of emi-

grants from the eastern States, and as the symptoms are described with the graphic pen of one who had himself felt all he has recorded, the description may not be devoid of interest.

The attack of sickness occurred a week after returning from an excursion on the Illinois river, in the month of August. It may be premised that this river is sluggish in its motion, and so shallow, at certain seasons of the year, that reeds and tall grass, growing in the bed of the stream, rise above the surface of the water, and of course must receive and detain vegetable and other substances in a state of decomposition, deposits of a soil not exceeded by any in the world for the rank luxuriance of its vegetation. Besides which, the banks on either side of the river, in many parts of its course, are subject to annual inundations, the baneful effects of which are well known in intermittent and remittent fevers. The subject of this account had suffered much from *heat, bad food, and exposure, and had breathed the air of the Illinois, charged at that sultry season with miasma*. "I had had a fever before, and had risen and been dressed every day. But in this, with the first day, I was prostrated with infantine weakness, and felt with its first attack that it was something very different from what I had yet experienced. Paroxysms of derangement occurred the third day, that is, partial derangement mixed with a consciousness generally sound and a sensibility preternaturally excited. At the same time that I was unable to recognize the countenances of familiar friends, my memory was more than ordinarily exact and retentive, so that I repeated entire passages, in the different languages which I knew, with accuracy, many of which I could not so repeat upon my recovery to health. My mind was sometimes occupied with imaginations the most delightful, and at other times the most terrible. About the time my strength sank, and as the painful process of blistering and the administration of emetics and other active remedies were laid aside as of no further use, a mental hallucination occurred, from which every person who came into my room seemed to have an insufferable glare of light about his head, like a dazzling glory, and every one about me seemed to walk in the air, and in eccentric ellipses. Then there were continual flashes from my own eyes, like those arising from the concussion of a violent blow on the head. Such was my extreme weakness that, for the greater part of two days, I was unable to close my eyes; and yet during this period, when I was supposed to be entirely insensible, I possessed consciousness in such a degree as to hear and to know all that was passing about me. Fifty-five days had elapsed from the commencement of the attack before convalescence took place."

DEATH OF BROUSSAIS.

[FROM the London Medical Gazette we obtain the following particulars respecting the life and death of this celebrated physician.]

Professor Broussais died at one o'clock on Sunday morning, the 18th November, at his country seat, of Vitry, a few miles from Paris.

His immediate decease was rather sudden, but he had long labored under cancer of the rectum.

Broussais was born at St. Malo, in December, 1772, and was, therefore, sixty-six years of age when he died. In 1792 he entered the army as a private soldier, but soon afterwards became an *officier de santé*. He subsequently served in a trading vessel during a period of six years, after which he went to Paris, and graduated as doctor in medicine. His thesis was on hectic fever, and was dedicated to Pinel.

Subsequently to this, he followed the campaigns in Holland, Germany and Spain; and it is said to have been amid the fatigues of military service that he conceived the plan of the work to which he owes his celebrity—the History of Chronic Phlegmasiæ. Of this the fifth edition was published in Paris during the current year.

Broussais was Physician-in-Chief to the Val-de-Grace; Professor of General Pathology in the Ecole de Médecine; and a Commander of the Legion of Honor. His appointments brought him 10,000 francs per annum.

He was attended in his last illness by M. Amussat, and when arrested by death, was actively engaged in a reply to the Memoir of M. Jouffroy against Phrenology, and in preparing a new edition of his work on irritation and insanity. There was a rumor, arising probably from the abruptness of his death, that he had been poisoned; but there seems to have been no ground for such a suspicion, and it appears to have speedily subsided.

M. Broussais was buried on the 21st of November, on which occasion all the usual display and parade which mark such scenes in Paris, were exhibited. A crowd of practitioners and pupils were assembled in the Rue d'Enfer; military medical officers, and the members of the Ecole, in their official dresses; deputations from the Academies of Sciences and of Medicine, were in attendance, to say nothing of a detachment of troops. This imposing *cortège* proceeded to the Val-de-Grace, MM. Larrey, Orfila, Boissy d'Anglas and Droz, being the pall bearers. Divine service having been performed in the chapel, the procession proceeded, the students having taken out the horses, and dragging the hearse all the way to Père-la-Chaise.

Discourses were pronounced over the grave by MM. Droz and Arago, in the name of the Institute; M. Larrey (*filis*) on the part of the military medical officers; and M. Bouillaud on that of the Ecole de Médecine.

The officers of the Val-de-Grace propose to go into mourning for a month, as a testimony of their affectionate respect for the deceased.

A subscription has been opened in Paris, for the purpose of erecting a monument to the deceased.

COLLEGE OF SURGEONS.—Mr. Samuel Gaskel, of the Royal Infirmary, Manchester, has received the Jacksonian prize of 1837—for a “Dissertation on the Nature and Processes of Suppuration and Ulceration.”

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JANUARY 23, 1839.

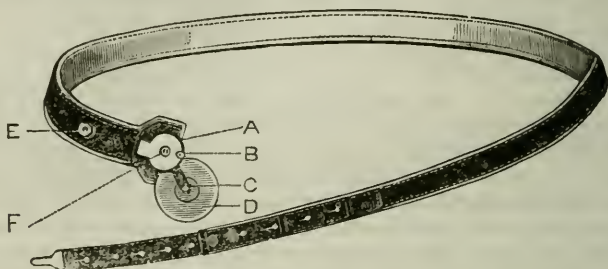
NEW VACCINE VIRUS.

THE new lymph received in Boston from the city of Bristol, England, has been successfully propagated, and entire confidence is reposed in its character. This arises in a degree from the circumstance that it came recently from the cow. The vaccine matter which we were generally using in Boston at the time Dr. Putnam received the package from Mr. Estlin, came from the cow two or three years ago, in Rhode Island. On comparing the arms of two children vaccinated with the new and the old, we were unable to perceive the slightest difference in the external appearance of the pustules. The matter was introduced into each at the same time. Again—two quills, one charged with the British virus and the other with that in use here, were inserted into the arm of a young child, week before last, and so far as we can discover, there is not the slightest difference in the appearance of the vesicles. It is presumed that the prophylactic properties of the matter which we have generally been using in New England, is equal (to all intents and purposes) to that which has been imported. Lastly, to place it beyond all manner of doubt, that those who have been vaccinating with it may feel perfect confidence in the operation—vast numbers have been vaccinated with the old from time to time, who have afterwards been brought in frequent contact with smallpox, but without having suffered in the slightest degree whatever. There are, probably, several thousand children in the public schools of Boston, who were vaccinated at the Health Office, with this same lymph, many of whom have been repeatedly exposed to smallpox, with impunity. In conclusion, we are persuaded that full reliance may be placed in either—one being as good as the other, notwithstanding the fact that the one is more recently from the fountain head. Under all circumstances, it is believed by many very experienced physicians, that it reproduces its kind, and that indefinitely. How far climate may modify its original properties in other countries, we know not, but since the introduction of kine pock matter into the New England States, upwards of thirty years ago, the original stock, it is thought by some, has never deteriorated; the people, with a few solitary exceptions, being free from the attacks of varioloid. Whenever a case of smallpox occurs, although in some instances fifty or a hundred persons may have been directly exposed, it rarely happens that it is thought necessary to re-vaccinate; such is the confidence of individuals thus situated, in an operation which, perhaps, may have been performed from twenty-five to thirty years before.

Fibrous Structure of the Retina.—The preparations of the eye, by Dr. Wallace, of New York, were sent to Sir David Brewster, and by him presented to the British Association at its last meeting. That they were examined with considerable interest may be inferred from the circumstance that Sir John Herschel has written to Dr. Wallace—and thus expressed himself. “Your preparations of the retina are certainly very

curious, and appear to place a *fibrous* structure beyond a doubt." This is flattering testimony. But it should be recollected that this learned astronomer is not an anatomist, and, further, those who are, have not yet seen these fibres sufficiently distinct to demonstrate them. We feel no disposition to undervalue the researches of Dr. Wallace; yet from all that can be gathered, there is great reason to fear that an active imagination has had something to do with the dissection. Very many in this neighborhood would like to examine the pamphlet written by Dr. Wallace—a copy of which cannot be mustered in one of the book-stores in Boston.

Dr. Fletcher's Truss.—Having announced, some weeks since, a new invention, by Dr. M. R. Fletcher, of a compound sliding truss, an ingenious instrument, there is just room in the Journal to-day to present a drawing of it. By a careful examination a tolerable idea may be formed of the construction. The profile view is very exact.



A refers to a rotary wheel on the under side. B, a small screw, the head of which is for the perineum strap, and fixes the wheel immoveably, as desired, at any gauge. C, a short steel spring, connecting the block-pad to the revolving wheel. D, block-pad. E, a brass nut, fulfilling three objects, viz., it fixes the machinery to the spring, holds the leather covering to the spring, and, lastly, is a knob to fasten the end of the strap, as it goes round the body. F, a screw regulating the degree of pressure upon the pad, over the hernial orifice.

Extra-Uterine Pregnancy.—In the January number of the Southern Medical Journal, there is the report of a case by Wm. F. Baldwin, M.D., of Union Springs, Macon Co., Alabama, worth transcribing. A negro woman, of about 25 years of age, after death presented the following appearances. On opening the abdomen the placenta was found adhering to the parietes for about two inches round the umbilicus. On laying open the abdominal cavity there was a full-grown child lying parallel with it—the head occupying the epigastric region, and in contact with the mother's stomach; the right of the infant was towards the umbilicus, and the left to the intestines. Dr. Baldwin says it was as large a child as he had ever seen at birth, and perfectly formed, except the head, which was enormously distended with gas—the cranial bones having been broken into small pieces, apparently by the tremendous power of the abdominal muscles at the time when parturition should have occurred. The uterus, the size of a goose-egg, contained a small quantity of glairy fluid.

Ligamentum Dentis.—Dr. Antony, editor of the Southern Medical and Surgical Journal, has made the only common-sense observations we have seen, on the boasted discovery of a ligament, which on being cut, allows teeth to drop out of their sockets. It is surprising that practical anatomists, of all others, could have been so gulled as to admit the *possibility of the thing*. For the credit of the profession, we hope the journals will have no more to say about it, unless they are willing to become absolutely a laughing stock in Europe.

Censors' Meeting.—On Wednesday, January 30th, a meeting of the Censors of the First Medical District of Massachusetts will be held at the Boston Athenæum, at 3 o'clock, P. M. Gentlemen desirous of becoming licentiates, a necessary qualification to a legal practitioner of medicine and surgery in this Commonwealth, should make application to the Secretary.

Phrenological Journal.—A fourth number of the Phrenological Journal, just issued from the press at Philadelphia, contains some interesting papers. That entitled "*Phrenological Developments and Character of Tardie, the Pirate*," is full of exciting interest; it makes one's blood run cold to read the narrative of that fiend's atrocities. Whoever prepared the article, possesses a tact for the horrible. Next—"Association of Idcas," by R. P., does not amount to much; there is in it an evident manifestation of a desire to fill up the pages at all hazard. Still, we really like the Journal exceedingly, and warmly recommend it to the favor of the medical faculty.

New York State Lunatic Asylum.—The commissioners appointed in 1837 to contract for the erection of a State Lunatic Asylum, in New York, have made their report. From it we learn, that the plan submitted by them to the Governor—which plan was founded on observations made by the commissioners while visiting the institutions of a similar character already established in most of the northern and middle States—was approved, and measures were immediately taken to procure land and commence the erection of buildings. The sum of \$66,300 has already been appropriated, all of which will be expended by the middle of February. The whole cost is estimated at 431,636, and the establishment is intended to accommodate, including officers and attendants, about 1000 persons.

Amputation of the Neck of the Uterus.—M. Retzius, of Stockholm, performed this operation during the year 1832, three times, but on each occasion the carcinomatous affection returned, and extended to the rest of the uterus. His experience is opposed to that of M. Lisfranc, and from the numerous examinations of the dead body which he has made, he is convinced that carcinoma is rarely confined to the neck of the uterus.—*London Lancet*.

Errata.—On page 365, line 29, for *north* read *south*, and for *west* read *east*. Page 366, line 20, for 1828 read 1838. The sickness of the publisher must be our excuse for these errors, as well as for any others which may have been detected in the two last numbers of the Journal.

DIED.—At Iowa, November 10th, Dr. Henry W. Eaton, late of Francistown, N. H., 25.—In Mercer Co., Illinois, September 10, Dr. Alfred Perry, late of Stockbridge, Mass, 58.

Whole number of deaths in Boston for the week ending Jan. 19, 29. Males, 14—females, 15.
Of consumption, 3—scarlet fever, 6—croup, 2—lung fever, 2—inflammation of the bowels, 2—ascites, 1—infantile, 2—inflammation of the stomach, 1—convulsions, 2—wounds, 1—hooping cough, 1—burn, 1—fracture of the leg, 1—typhous fever, 1—dropsy on the brain, 1—scrofula, 1.

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by	- - -	DR. BIGELOW.
On Anatomy and Surgery, by	- - -	DR. REYNOLDS.
On Midwifery and Chemistry, by	- - -	DR. STORER.
On Physiology and Pathology, by	- - -	DR. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1838.

Aug 22—ep3m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

AMERICAN MEDICAL ALMANAC.

American Medical Almanac, for 1839—designed for the daily use of Physicians, Surgeons, Students, and Apothecaries; being, also, a general Medical Directory of the United States. By J. V. C. Smith, M.D., Editor of the Boston Medical and Surgical Journal. Published by Marsh, Capen & Lyon, 133 Washington street, Boston. J 16.

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 18th day of February, 1839.

Anatomy and Surgery, by JOSEPH RORY, M.D., of Boston.

Theory and Practice of Physic, Obstetrics, and Medical Jurisprudence, by JAMES MCKEEN, M.D.
Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.

The Anatomical Cabinet and the Library are annually increasing.

Every person becoming a member of this Institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the lectures is \$50, payable in advance. The lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, Me., October, 1838.

D. 5—eop6t

P. CLEAVELAND, Secretary.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post-paid*, without which no letter will be taken from the post office. Oct.2

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct 31—eptf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 134 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

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THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XIX.]

WEDNESDAY, JANUARY 30, 1839.

[NO. 26.]

DR. MARSHALL HALL ON PUERPERAL DISEASES.

(Continued from page 391.)

IN my last two lectures I have laid before you what I believe to be most valuable *practical* remarks, on the most frequent puerperal diseases which occur in private practice. I have to notice, very briefly, in this, one or two terrific forms of these diseases which, fortunately, occur more rarely, which, however, sometimes occur *epidemically*, and thus lead to one of the most heart-rending events which a medical practitioner can ever witness, and which are especially seen in lying-in hospitals. They are the following.

SOFTENING OF THE UTERUS.—I. *The History and Symptoms.*—When, after rigors, and fever, and with pain in the hypogastrium, and suppression of the lochia, there are symptoms like those of the sinking state, softening and destruction of the substance of the uterus may be suspected; the countenance becomes pallid, cold and collapsed; the pulse extremely frequent and small; there is a hurried state of the respiration, anxiety and prostration, and other typhoid symptoms.

II. *The Morbid Anatomy* consists in a softened, broken texture of the substance of the uterus, with a foetid sanious exudation from incisions made into it.

INFLAMMATION OF THE LYMPHATICS.—*The General Symptoms* in this formidable disease are typhoid, and very similar to those just detailed. There is usually peritonitis, and sometimes pleuritis; but there are not the secondary abscesses, &c., observed in phlebitis.

PHLEBITIS.—The important distinction in regard to uterine as in other forms of phlebitis, is between—1. *The Adhesive*; and 2. *The Suppurative*. In the former, the effects are localised. Uterine phlebitis of the adhesive character is attended by local pain and tenderness. The occurrence of crural phlebitis seems to constitute the disease formerly termed the

PHLEGMASIA DOLENS.—This disease is distinguished by pain in the situation of the iliac and inguinal veins, with tension and swelling, afterwards pursuing their course down the thigh. The femoral vein is sometimes felt like a cord, and the swelling is white, tense, elastic, painful and tender. Its treatment consists in local bloodletting in the course of the inflamed vein—a strict attention to the diet, bowels, &c.

The latter is a far more formidable and fatal disease. It is denoted by the occurrence of terrific typhoid symptoms, and by external suppura-

tive inflammation of the integuments, or of the eye; whilst abscesses form internally in the brain, the lobules of the lungs and liver, in the spleen, in the joints, in the muscular substance, &c. It is usually unattended by peritonitis.

Besides these, *puerperal peritonitis* is sometimes epidemic, and thus it is far more virulent in character and more fatal. The general principles of treatment are the same; they must be adopted more energetically, however, whilst the indolent or peculiar character of the epidemic, in reference to the effects of remedies and the organic changes, are carefully studied.

I shall occupy the rest of this lecture by requesting your particular attention to a few points not usually, I think, treated of in lectures or works on practice, although you will find them very important.

First, let me earnestly beg you to study, carefully, the circumstances of the *puerperal state in health*; you will thus have a point of comparison to determine what *is*, and what *is not*, malady, in the milder or more insidious forms of puerperal disease.

Remember what has taken place: pregnancy, with the bodily and mental sufferings and anxieties natural to it in its early and later periods, has been followed by parturition; that is, pain, fatigue, loss of blood, removal of the pressure induced by the gravid uterus; sometimes much mental anxiety, sometimes long-continued loss of rest, injury of structure, &c. &c. A state of complicated exhaustion and shock exists in every case: in most cases this subsides into that of health; but in too many, alas, it goes on to malady. What are the early signs of safety or of danger? How important, how anxious a question, is this!

There is almost always a certain degree of febrile movement; perhaps a little chill, perspiration, frequency of pulse, delirium, tenderness in the uterine region, &c. But let me warn you, earnestly, always to watch, with the utmost anxiety, *continued frequency of pulse*. Some disease is forming, is formed, generally, if the pulse remains at one hundred. Chills or rigor, dry heat of skin, delirium, tenderness in the hypogastric region—these, too, are symptoms to be watched, to be carefully watched.

An early diagnosis is everything. In cases of doubt, however, take care that there is no source of gastric, of intestinal, or of mental irritation; no exertion, no fatigue; wait and watch most earnestly. If there be the fear of hidden inflammation, I know not what you can do, but most cautiously to adopt the plan of bloodletting, which I have recommended to you so frequently, so urgently:—1. It will be safe, the quantity of blood taken being neither greater nor less than the patient will bear and the disease require; and, 2. It will cast a vivid ray of light upon the nature and degree of the disease—upon the diagnosis. Lastly; it will assist you, and it will succor the patient, in cases of great difficulty and danger. I have heard of some recent criticisms upon this subject; but I have never heard one single intellectual observation in opposition to my proposal. I will venture to say that you will, in your fu-

ture practice, frequently remember what I am now stating with ineffable satisfaction.

In the second place, I wish to warn you that bloodletting, instituted on the former principles, has proved suddenly, unexpectedly fatal. What a commentary on the criticisms to which I have adverted!

In order that no caution may be wanting to guide the young physician in the treatment of puerperal diseases, and in order that the full value of the mode of proceeding which has been recommended, and that the precautions which are necessary in carrying it into effect, may be felt, I think it right to adduce, in this place, several cases of the fatal effects of inconsiderate bloodletting, in puerperal diseases.

CASES OF FATAL BLOODLETTING.—These cases illustrate several points of great practical importance; and first, the danger of the repetition of the bloodletting, in cases which have been relieved by previous remedies, as a preventive merely; in such cases, all inflammation, if it existed, having subsided, a chief source of safety in the use of the lancet, as well as of the necessity for it, is removed, and the patient will be very apt to fall a prey to the further loss of blood. This is exemplified in the first and second cases about to be adduced. In the second place, I consider the particular danger of an ungarded use of the lancet, in cases not inflammatory, to be exemplified in the third case, which was clearly one of intestinal irritation, and not of inflammation. The last case is a sad instance of an inconsiderate bloodletting, and it is to be hoped that few such examples have occurred, although, I confess, that in the prevailing mania for bloodletting, even such cases should not greatly surprise us.

The first of these cases presents the phenomena of a rather gradual sinking, from a fatal bloodletting.

Mrs. —, aged 30, had been affected with what appeared to be a slight attack of influenza; she was seized with rigor, and soon afterwards the pains of labor came on, and issued in delivery in about fifteen hours, at nine o'clock, A. M., which was followed by much fever, the countenance being flushed, the pulse frequent, and the breathing difficult with incessant cough; these symptoms increased towards evening and in the night, and about forty ounces of blood were drawn from the arm at two bloodlettings, and the next morning twelve leeches were applied to the chest with great relief. In the evening a blister was applied.

The night was passed more comfortably; she dozed a little and was cheerful, and continued relieved in the morning. As a preventive against a relapse, however, three teacupfuls of blood were taken. The patient became faint during the flow of the blood—sank from that time, and never again rallied; she became extremely feeble and could scarcely articulate, and from being cheerful the day before, was now impressed with the conviction of approaching dissolution, and expressed herself as unable to recover from the last bleeding. During this day, Saturday, and during the two succeeding days, there was a state of extreme exhaustion—and still a sense of load at the chest, and pain of the side.

On Tuesday the countenance was observed sometimes to flush to a deep scarlet, and then to become quite pallid, and a profuse perspiration

frequently ran down the face ; the pulse was extremely frequent, and the pain severe on coughing ; there was no delirium, though she awoke hurried from sleeps which she described as " just like death."

During the four following days there was little obvious change ; distressing faintings usually came on about two or three o'clock, P. M. On the Sunday she became drowsy, and evidently more sinking ; this state continued to increase, and she died in the evening of the succeeding day.

The following case presents an example of the fatal event supervening immediately on the use of the lancet.

Mrs. — was of a pale and sallow complexion and weakly constitution. Six days before her confinement of her first child, she was awoke in the night by severe pain of the head confined to one spot. This pain continued several hours, when Mrs. — applied to her accoucheur ; she was completely relieved by losing sixteen ounces of blood followed by purgative medicine, and she continued well.

Mrs. —'s labor occurred on September 1st, 1817, and was rather tedious, but natural, and she had no complaint until the second day, when she experienced a second attack of pain in the head, but less violent than the previous one. She was seen six hours after this attack ; she then complained of pain and beating of the head, about the anterior part of the right parietal bone ; the skin was hot, and the pulse frequent and strong. Sixteen ounces of blood were taken from the arm, leeches ordered to be applied to the temples, and an enema and purgative medicine were prescribed.

In three hours' time Mrs. — was again visited, and it was deemed necessary to abstract more blood. Six or eight ounces were therefore taken ; faintishness was induced, and the symptoms were little abated.

On the succeeding morning, September the 4th, the symptoms still remained the same ; the surface was hot ; the bowels had been purged, and the evacuations were natural. The saline mixture was ordered. At noon, the symptoms remaining as before, the purgative medicine was repeated, and a blister was applied. In the evening, the evacuation of the bowels was satisfactory ; the pain of the head was not severe, but there were much beating and a rushing noise ; there was restlessness ; and a teasing, irritative cough. A draught with thirty drops of the *tinctura opii* was administered.

The next morning, September the 5th, Mrs. — expressed herself as being much better from having enjoyed comfortable sleep. The surface was still hot, and the head still affected as before. In the evening, there was a degree of tenderness in the region of the uterus ; she dreaded the idea of being bled, from the faintishness she had before experienced from it, and said it would certainly kill her.

On the morning of the 6th, the pain in the region of the uterus was relieved, the head was affected as before, the window was kept open for want of air. In the evening Mrs. — complained of being faint and low. A mixture with camphor and sulphuric ether was prescribed.

On the 7th, the irritative cough again occurred ; the pulse was frequent, from 120 to 130 ; and the other symptoms remained unabated.

A physician was consulted. Sixteen ounces of blood were directed to be taken from the arm; a grain of calomel was given every three hours, and the effervescing medicine was ordered.

On the morning of the 8th, Mrs. — appeared to be relieved in every respect; the heat of surface and pain of the head were diminished; the blood presented the buffy coat. It was thought proper to abstract more blood, as the last bleeding had apparently conferred benefit, and had been borne better than the preceding ones. Four teacupfuls of blood were taken; the most dreadful fainting followed, with gasping, open mouth, and a convulsive action of the diaphragm, and in an hour or two death closed the scene.

In the third case which I adduce here, the fatal event was equally sudden.

Mrs. —, aged 33, weakly, was confined of her sixth child, after an easy labor, without flooding, at midnight on the 20th of July, 1818. During the ensuing day all was well. The lochia were natural; there was no alvine evacuation, but the bowels had been open during pregnancy, and twice evacuated during labor.

On the morning of the 22d, Mrs. — took half an ounce of oleum ricini; and at four in the afternoon this medicine was repeated, the first dose having produced no effect; this, however, induced violent purging, occasioned great fatigue, and caused the patient to complain much. At ten o'clock in the evening Mrs. — was seized with rigor, which was violent and continued more than an hour; this was followed by great heat of skin, with wakefulness, restlessness, anxiety, sighing and moaning.

At ten on the succeeding morning there were great heat of skin, and pain at the bottom of the back. Four teacupfuls of blood were taken from the arm. The symptoms still continued, and at seven in the evening, three teacupfuls of blood, and at eleven three more, were taken from the arm, and twenty leeches were applied to the region of the uterus for the increased pain. The pain still continued to increase, with restlessness, sighing, faintishness, constant necessity for the smelling bottle, and apprehension of impending dissolution.

Afterwards, the symptoms being unabated, a physician was consulted. About three o'clock, three teacupfuls of blood were again taken from the arm, and leeches again ordered to be applied; an enema was given, which evacuated a quantity of fæces quite unexpected. In a short time she became cold, and the surface clammy, with fainting, gasping breathing, &c., and all was done to restore warmth. After an interval of three hours the pain was still great. Some opening medicine was prescribed. But the state of sinking continued; the smelling bottle, the fan and fresh air were urgently called for. All the symptoms, except the pain, were aggravated, there were gasping, a slight convulsive struggle, another, and the patient expired.

In this case, it will be observed that the pain remained unabated, even after the last fatal bloodletting. I have reason to regard this as denoting not an inflammatory origin of the pain, but the presence of morbid alvine contents.

I give the last of these cases without comment. For I should be sorry to diminish the impression which it is calculated to make upon the mind by any observations; and I am persuaded that no addition can add force to the plain and simple detail of its fatal issue.

Mrs. —, aged 35, was confined on the 5th of December, 1818, at midnight, of her eighth child. She was delicate, but in good health, and the bowels were regular. The labor was favorable, but during the first six and thirty hours, lingering; the after-pains and lochia were natural.

Mrs. — appeared well on the sixth, and had had a good night; but she complained somewhat of the noise in the house, saying that it hurried and disturbed her.

On the morning of the seventh, she took an opening draught. This induced two unsatisfactory evacuations, with great and continued nausea without vomiting; for this nausea she was ordered a cordial draught. Soon after taking the draught, Mrs. — was seized with shivering. About eight hours after this, she was found complaining of pain in the region of the uterus. Three teacupfuls of blood were taken about seven o'clock in the evening, and about half after nine four more; fomentations, &c., were used in the interval. During the night Mrs. — was extremely restless, tossing about, wakeful, or with a little dozing, some delirium, and hurry and starting on awaking; there were dimness of sight; cold clammy perspiration and great coldness of her feet; sighing breathing and moaning, fainting, and the necessity for being fanned. There were ten motions during the night.

The next morning Mrs. — was again, as it were by infatuation, bled to three teacupfuls. This measure was followed by paleness, coldness, cold clammy perspiration, gasping, sighing breathing, and restlessness. A physician was consulted. The pains and tenderness had subsided, but the patient remained in a state of great lowness. Mrs. — was again visited in the evening, and wine whey, &c., was prescribed. In the night Mrs. — dozed, and awoke alarmed; all at once the eyes became fixed, with gasping and sighing, and she expired.

I would merely add, that such disastrous events could not have occurred had the safe and simple and efficacious rules which have been laid down for the use of the lancet been implicitly adopted.

(To be concluded next week.)

SARCOMATOUS TUMOR.

[FROM the fourth quarterly report of the Ophthalmic Hospital in Canton, China, we select the following account of an operation for the removal of a sarcomatous tumor. The report is drawn up by the Rev. Peter Parker, M.D. Other cases will be hereafter copied from this interesting document.]

Leäng Ashing, aged 27, an artificial flower maker, came to the hospital August 5th, having an enormous tumor upon the right side of his face, extending from near a line with the zygomatic process superiorly,

to two inches below the sub-maxillary inferiorly, and from an inch behind the ear, and standing about four or five inches from the side of the face. It was $18\frac{1}{2}$ inches in circumference. It had been growing for more than ten years; by the application of cauterly (the moxa is commonly used) it had been converted into a loathsome ulcer at its apex. Though deep-seated, it appeared practicable to remove it. The patient's constitution had not then suffered much, and there seemed no objection to delaying the operation till cool weather should return. At the expiration of more than two months, the man came back, and to my great surprise the healthy countenance had given place to the sallow and cadaverous expression of one fast verging to the grave. The tumor had become exceedingly fœtid, and so decayed internally as to admit a probe three or four inches in different directions. After the system had been braced up for a short time by a course of tonic treatment, the patient was apprized of his situation, the certainty of a speedy death if left alone, the possible unfortunate termination if extirpated, and the encouraging prospect that he might live for years if he submitted to the operation. He referred it to our discretion. Himself and his brother gave a writing, certifying that they requested the removal of the tumor, and if successful should rejoice; but if otherwise, it was *teñ che ming*, "the will of heaven," or fate, and no blame would be incurred by the operator. On the 3d of November, assisted by Drs. R. H. Cox and J. Cullen, and W. Jardine, Esq., the tumor was extirpated successfully, in about nine minutes. Some portions of the masseter and buccinator muscles were divided, also numerous small arteries, but two of which required a ligature. It weighed twenty-five ounces, avoirdupois, and was fast tending to mortification. Some days previous his bowels had been regulated, and twenty minutes before the operation twenty-five drops of laudanum were given. During the incisions through the integuments and the dissecting out of the tumor he did not move a muscle, change a feature of his countenance, or draw one long breath, so that apprehensions were entertained that he was insensible; but if spoken to he answered deliberately and correctly. Subsequently he informed me that he was sensible of all that was done, but putting his arms across each other, he said, "I determined not to move." In passing the sutures near the ear, he started involuntarily a few times. On raising him up to change his bloody clothes, he began to faint and was threatened with spasms, but soon recovered as he was laid down, and carb. amm. applied to his nose, and wine and water administered. After being put to bed he complained of thirst. There was some oozing of blood from the wound. At 3, P. M., pulse was 120, its average for some days before. Treatment: in the evening the patient took congee and chamomile tea. Pil. hyd., grs. x. and pulv. Dov., grs. v. At 9 o'clock, pulse 96. Patient complained of a swelling on the side of the neck; and I found that some blood had settled beneath the platysma myoides, and on pressure that there was emphysema. Applied a spirit lotion over the part.

November 4th, A. M. Patient very comfortable. R. ol. rici., one ounce. Bowels freely moved during the day, and very little thirst or

pain. Emphysema of the preceding night nearly disappeared—pulse ranged from 90 to 96. Dover's powder repeated in the evening. November 5th, dressed the wound. Its lips had united in several places by the first intention. All appeared well, bowels free, Dover's powder in the evening. November 6th, pulse 90, all the symptoms improving, and the same treatment continued. November 7th, on dressing the wound found considerable fœtor like that of the tumor, and a thin unhealthy discharge. The coagulated blood thrown off was very black. Apparent want of vitality in the part, cleansed it with the chloride of lime, applied simple dressings, with a poultice, gave a glass of port wine forenoon and afternoon, and three grains of sulph. quinine in the evening. November 8th, A. M., dressed as usual, and injected a solution of nit. arg. and laid a pledget of lint, saturated with laudanum, over the whole; P. M., decided improvement: more vitality in the parts, free discharge of pus and of a more healthy character, less fœtor; pulse 96, port wine and quinine continued and a generous diet allowed. The above treatment was continued daily; the application of the laudanum was decidedly beneficial. On the tenth day from the operation, the discharge had ceased and the whole was healed. There is partial paralysis of the buccinator muscle, and of the under eyelid; and the lips are drawn a little askew. General health is much improved. He seems properly to appreciate the favor he has received, and is very ready to tell to others what has been done for him.

EXANTHEMIS ROSALIA V. PARISTHMITICA (OF A MILD GRADE),
TERMINATING IN ENTERITIS TYPHODES V. NERVOSA.

BY T. GLYSSON, M.D., NEWPORT, VERMONT.

[Communicated for the Boston Medical and Surgical Journal.]

I AM well aware that the nature of the treatment adopted in the following case will not be sanctioned by a majority of practitioners, for the reason that many are so strongly attached to particular doctrines, as not to pay much attention to remedies by such considered incompatible with their own peculiar notions in relation to the supposed nature of the particular affection. Such place the highest confidence in the general instructions laid down in the books, and pay but little regard to the varieties of disease, however much these varieties may differ in their nature or type. It is to be admitted, however, that there are exceptions, to a certain extent, among the class referred to, but they are few indeed.

The following case will sufficiently illustrate the mode of treatment I have always adopted in this variety of disease.

C. B., aged 8 and a half years, was attacked, October 23, with the symptoms of rosalia, though of a very mild grade. Among the symptoms there was some stiffness of the muscles of the neck; the lining membrane of the pharynx, on examination, presented a bright-red appearance. The eruption appeared on the 25th, about the shoulders, neck and face; a slight swelling of the tonsils and parotid glands; a tight

hacking cough; deglutition difficult and painful; pulse frequent, and a brown fur on the tongue; slight chills, attended with burning heat of the skin. Owing to four others of the family being, at the same time, more severely sick with the same disease, he did not take any medicine for the first 3 or 4 days, except a solution of ext. glycyrrh., 3ij.; t. antimony, grs. iij.; ipecac., grs. x; boiling water, 3iv. Dose, a teaspoonful once in 5 hours, and infus. rose leaves for a gargle. This seemed to alleviate, in a measure, the burning heat of the skin, and gave relief, so that he was comfortable in other respects.

Oct. 27. I was sent for in haste, but did not arrive until late in the evening. He was attacked very suddenly with severe pain in the umbilical region, which, on examination, appeared greatly tumefied, extremely "*sore and painful*," and so very severe that the weight of the bed clothes could not be borne without those symptoms to an extent almost beyond endurance. Pulse was frequent, weak and slightly corded, numbering 123; extreme thirst; tongue covered with a coat of deep-brown fur. The eruption had disappeared from every part of the body except the inferior extremities. Soreness of the throat and mouth had nearly abated; cough had disappeared; there had been no movement of the bowels for the last 24 hours; previous to this the bowels had been as regular as usual. Gave 1st, an injection, prepared from senna and sem. anisi and spt. tereb., which operated very promptly and gave some relief. Gave 2d, a cath. of ol. ricini, one tablespoonful, spts. tereb., f3ss., and to be repeated once in four hours until it operated freely. Ordered 3d, spts. tereb. to be applied to the bowels, with considerable friction, once in an hour or two until it produces considerable redness of the skin. Gave 4th, a powder prepared of s. morphi., gr. 1-14; camp., gr. 1-2; prot. chlo. merc., gr. i., to be given after the operation of the physic, and repeated once an hour until the pain had disappeared; after that, once in 4 hours. Ordered 5th, mucilage of ulmus fulva to be taken freely, and no other drink to be given.

28. Physic had moved the bowels twice; but little pain, and tumefaction of bowels less; a slight perspiration; pulse soft, though frequent, and numbering 125; had had some sleep. Gave f3i. of ol. olivæ, with gtts. 20 of spts. tereb. Ordered another cathartic of ol. ricini with spts. tereb., to be given at 4 o'clock, and to be repeated once in four hours until the bowels are moved. Continue other medicines as on yesterday. The application of the tereb. had produced considerable external soreness of the bowels.

29. Being detained at another place, did not visit him to-day, but arrived on Tuesday at 4 o'clock, P. M., and was informed that his physic, after two repetitions, "operated very powerfully," bringing away large quantities of air, and since then has not complained of much pain, except by turns, and then not at all severe; pulse 120, soft and more feeble. Eruption has mostly faded away. Continue medicines as before, except omit giving physic.

31. Pulse 115; in other respects the same as on yesterday. Continue the medicines. The prot. merc. is beginning to affect the salivary glands.

Nov. 1. Decidedly better in every respect. Secretions returning. The prot. merc. has produced considerable soreness of the mouth ; but very little tumefaction of the bowels remaining ; pulse 90, more full. Continue medicines as before.

2. Rapidly improving ; has considerable appetite ; had one movement of the bowels last evening ; since then has had no pain, and is able to sit up half an hour at a time. Continue medicines.

4. Improving, though has suffered from a diarrhœa since yesterday. Discontinue all former medicines, and give 20 gts. of tinct. opii once an hour until relief is obtained.

6. Appears quite well ; is able to sit up 3 or 4 hours at a time ; appetite is extremely good.

8. Continues to improve rapidly ; is able to sit up nearly half the time.

12. Appears as well as ever, though he has not yet acquired the usual amount of strength.

Newport, Vt., January 17, 1839.

ANIMAL MAGNETISM.

THE London Lancet, which has contained reports of the wonderful experiments in animal magnetism, by Dr. Elliotson, has lately changed its tone in regard to the subject. The editor, in the No. for December 1, thus speaks :—

“Is it true that any physicians or surgeons of any of the London Hospitals are insulting public decency and abusing the confidence which has been reposed in them by parents and guardians, by still practising animal magnetism on the sick and deluded patients? If there be such a hospital—if there be such officers belonging to any establishment in London—the sooner the governors take serious notice of what is passing in their institution, the better will it be for the interests of the charity, and the reputation of the science of medicine in this country. After the exposure, the extraordinary, but most complete and effective exposure, of the folly of believing in the reality of animal magnetism—accomplished to the satisfaction of every sane spectator, at a private residence in London—we had thought that the humbug would no longer be tolerated in any of our public institutions. If, however, we are correctly informed as to what is passing, at least in one of them, we have been deceived in this expectation. We have a duty to discharge to the profession in this affair, and it shall be executed to its fullest extent. The nuisance shall be attacked, the humbug shall be pursued, until it is thoroughly and finally abated. Our chief object in writing this notice, is to solicit immediate information on the subject to which it relates. If there be such a hospital as the one we have described, the medical school with which it is connected must be speedily and irreparably ruined, unless the immoral quackery be at once put down by the governors, or other controlling body of the institution, in which the heinous

enormity against common sense and female delicacy is perpetrated. Sincerely shall we rejoice to find that we have been misinformed by the reports in question.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 30, 1839.

MEDICAL MISSIONARY SOCIETY IN CHINA.

A MEDICAL gentleman of Boston has placed in our hands a pamphlet with the above title, containing also an "Address, with minutes of proceedings;" together with several copies of the Chinese Repository—the object being to make us acquainted with the benevolent efforts which are making in a distant part of the globe by missionary physicians.

The Chinese are most wretchedly served by the native practitioners, who being ignorant of the circulation of the blood, and unacquainted with the anatomy of the human body, are wholly unfit to prescribe medicine. In surgery they absolutely know nothing, if reliance is to be placed on the representation of those who have had opportunities for investigation.

On the 21st of February, 1838, not quite a year ago, a public meeting was called by T. R. Colledge, Esq., and the Rev. P. Parker, at Canton, for the purpose of organizing a Medical Missionary Society, which seems to have been a considerable time in contemplation. The object in view by the Society is to encourage gentlemen of the medical profession to go to China and practise gratuitously among the people, by affording the usual aid of hospitals, medicines and attendants. From the very beginning, the support or remuneration of medical men was not contemplated by the association. Persons subscribing fifteen dollars annually, are members during the continuance of the subscription; donors to the amount of one hundred dollars at one time, are members for life; and donors of five hundred dollars at a time, constitute the directors for life. Not far from nine thousand dollars have thus far been subscribed.

Before the formation of the Society, it seems that Mr. Colledge was the owner of a medical establishment at Macao, for it was resolved "that the said building be accepted by this Society, on the liberal terms of Mr. Colledge's offer—and that the trustees be authorized to take the necessary steps for the transfer of the property."

One individual who has given a decided character to the institution, and whose name has been widely circulated as a bold and successful practitioner, is the Rev. Peter Parker, an American Missionary. His motto, like that of his Christian associates, is "HEAL THE SICK." "We have called ours a missionary society," say the committee appointed to draw up an address, "because we trust it will advance the cause of missions, and because we want men to fill our institutions, who, to requisite skill and experience, add the self-denial and high moral qualities which are usually looked for in a missionary. Men of eminent qualifications and tried character are indispensable for the successful prosecution of the work." Further—"By the employment of such an agency, the way will

be paved to a higher place in the confidence and esteem of the Chinese, which will tend to put our commerce and all our intercourse with this nation upon a more desirable footing, and to open avenues for the introduction of those sciences and that religion to which we owe our greatness—by which we are enabled to act a useful part in this life, and which fit us for the enjoyment of a better life hereafter.”

In the appendix—for we are drawing liberally from printed documents—it is said, “In further illustration of our views, we would here premise, that in order to the success of the object contemplated, those who engage in it must not receive any pecuniary remuneration; the work, throughout, must be, and appear to be, one of disinterested benevolence. It is indispensable that the men who shall conduct the institutions be not only masters of their profession, and conciliating in their manners towards all classes, but judicious men—thoroughly imbued with the spirit of genuine piety, ready to endure hardships and to sacrifice personal comfort, that they may commend the gospel of our Lord and Saviour, and so co-operate in its introduction among the millions of this partially civilized, yet *mysterious* and idolatrous empire.”

Thus far these quotations are introductory to a series of remarks on the ophthalmic hospital of Canton, to be noticed the coming week.

“*Birds of America.*”—The 4th or last volume of Mr. Audubon, with additional plates, and the 4th volume of “*Ornithological Biography*, illustrated by 39 engravings on wood,” have been sent for the library of our General Court, for the Salem Athenæum, for our University, and for the Society of Natural History. Mr. A. states, “I had been obliged to introduce a number of species of birds into one and the same plate, but in a manner as seemed best to accord with the affinities of the species. In August, 1836, the well-known zoologist, Thomas Nuttall, had arrived in Philadelphia from a journey over the Rocky Mountains to the Pacific Ocean, accompanied by J. K. Townsend, M.D. Nuttall, in his zeal for the furtherance of science, and in the generosity of his noble nature, gave to me, of his ornithological treasures, all that was new, and inscribed in my journal all the observations which he had made relative to the rare species which were unknown to me. All this information I have published. I had access to the collection sent by Dr. Townsend, who was yet on the shores of the Columbia. I have now published such of the species as proved to be new. He returned, next year, after four years absence, with a second collection, containing several rare and new birds, which I received only a few weeks before my plates were finished. He was extremely desirous that everything new or rare belonging to our Fauna, should be given to me. What was I to do? Publish them, to be sure, to the best of my power. Could the ‘*Birds of America*’ be finished when new species were undescribed in my hands? All that was in my power has been accomplished. All Dr. T.’s species, and some received through other channels, have been published. To him I am indebted for the valuable notes which he has forwarded to me.”

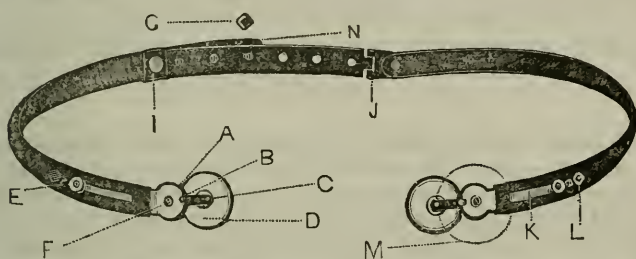
Mortality in 1838.—In Baltimore the deaths were 2691. Of these, 1433 were males, and 1238 were females. Six hundred and seventy-two were colored persons: 146 were slaves. A white woman died at the great age of 105 years; a free colored woman at the age of 103; and a white

man, at 101. Consumption, as usual, was the most predominant cause of death—410 having died of that disease ; of cholera infantum, 199 ; scarlet fever, 141 ; intemperance, 57 ; stillborn, 215 ; infantile diseases, 535—an appalling number;—but still worse, in this age of vaccination, 71 died of smallpox !

In Bristol, R. I., only 64 deaths occurred in 1838—36 males and 28 females. The greatest mortality in any month was 14, in October.

In New York the whole number of deaths in the year 1838, was 7533; being 679 less than in 1837. By consumption, 1225 ; marasmus, 470 ; cholera infantum, 437 ; convulsions, 638 ; dropsy on the brain, 368. Of the whole number deceased, 3801 were white males, 3105 white females, 313 colored males, 315 colored females. Under 5 years of age, 3836 (more than half), without including still-births. Only one reached the age of 100.

Dr. Fletcher's Double Truss.—Below is a representation of the instrument without covering, in order to show more perfectly the different parts and their *modus operandi*.



A, the rotary wheel on the under side. B, a small screw which fastens the rotary wheel. C, a short steel spring connecting the pad to the rotary wheel. D, the pad, which is convex on the side next the body. E, a brass nut, which fills three offices—holds the cover to the spring, holds the spring to the brass, and serves as a knob for the end of the long strap which goes round the body. F, a screw which increases the pressure upon the pad as desired. G, a small screw and nut fixing the end of the right spring to either of the holes, as represented. I, a loop riveted to the hinge part. J, the double hinge. K, the slaughter in the end of the spring. L, a small nut which holds the brass to the spring. M, the circle in which the pad will move when the small screw, B, is taken out. N, the end of the spring after passing through the loop.

It will readily be seen that the hinge on the backside will allow of motion in walking, which will be a source of great comfort to the patient; and that the size of the spring may be varied, and thus fit different persons, and yet, when fixed, be perfectly firm. The slaughter in the end of the spring allows the pad to be moved along the groin and be made permanent at any point ; and by removing the screw, B, the pad performs a revolution. Still further, in the short steel spring to which the pad is joined, are three holes ; thus there is a circle within a circle, until you have three different sizes. Consequently there is not a spot in the groin where hernia usually appears, upon which the pad may not be placed and permanently fixed. One other advantage which this instrument has over

others, is that when fitted to the desired spot, the pressure may be increased as gradually as desired.

Infantile Diseases.—The treatise of M. Billard on infantile diseases, which we announced in a late number of the Journal, as being in the press, by Geo. Adlard, of New York, will shortly after be followed by a translation, by Dr. Stewart, of that of M. Berton, D.M.P., on children, from the period of dentition to puberty. This work, which has been published in Paris, with notes by M. Baron, is, like M. Billard's, founded on a great number of clinical, physiological and anatomical observations, and is intended to extend the system adopted by M. Billard to the whole period of childhood. These two works will contain a vast amount of important facts in this highly interesting department of medical practice, not to be found in any other treatise.

Students of Medicine in Harvard University.—By a recently published catalogue, it appears that the whole number of gentlemen attending the medical lectures in Boston, the present season, is eighty-five. The character of the lectures gives the highest satisfaction to all who have the privilege of pursuing their medical studies in this long-established school.

Medical Society of the District of Columbia.—At a meeting of the Medical Society of the District of Columbia, held at the City Hall on the 7th instant, the following officers were elected for 1839 :—President, Frederick May, M.D. ; 1st Vice President, Alex. McWilliams, M.D. ; 2d do. Nathl. P. Causin, M.D. ; Recording Secretary, Richmond Johnson, M.D. ; Corresponding do., Thomas Sewall, M.D. ; Treasurer, James C. Hall, M.D. ; Librarian, Thomas Miller, M.D. *Examiners.*—Thomas Sewall, M.D., J. C. Hall, M.D., and Noble Young, M.D., for Washington City ; N. W. Worthington, M.D., Georgetown ; O. Fairfax, M.D., Alexandria. The following gentlemen were unanimously elected honorary members of the Society. John S. Spence, M.D., from Maryland ; Louis F. Linn, M.D., from Missouri ; Luther Reily, M.D., from Pennsylvania ; William Taylor, M.D., from New York.

A Chinese Medical Maxim.—In the illustration of duties by the philosopher Tsang, it is thus written. "The faithful minister whose prince is sick and requires medicine, will first taste of it himself ; when the parents need medicine, the son will first try it himself. And they will not take medicine of one who has not been a successful practitioner for a long time."

Cyst in the Breast of a Female.—May 20, 1838, M. Velpeau discharged, cured, a young woman of twenty-five years of age, from his wards. She had been there during the last five weeks on account of a small tumor occupying the upper part of the left mammary gland. Before operating he considered that its nature was fibrinous, and probably originating in an extravasation of blood, but afterwards it was found to be an osseous

cyst, full of a gelatinous fluid. The wound was longitudinal, and in the same course as the fibres of the great pectoral muscle. Velpeau considered the case as rather rare, and that there was no reason to expect a return of the disease.—*London Lancet*.

Tumor of the Left Spermatic Cord.—A youth, 18 years of age, was admitted May 16. There is a tumor occupying the left spermatic cord, which, he says, has been visible only during the last eight days. It is now of the size of a hen's egg. It is a cyst, but as to its contents Velpeau can only guess. It may be serum, but it is not transparent to the transmitted light of a candle. It may be an abscess, but then there are no collateral signs of such an affection. It is situated about midway between the external abdominal ring and the testicle, and is unconnected with either. The patient is in good health in all other respects.

22. To-day Velpeau made a puncture into the tumor with a lancet ; a quantity of clear and thin aqueous fluid issued. Compresses of Goulard water.

24. The tumor is forming again ; injected to-day with tincture of iodine.

31. There is a large, doughy, heavy tumor in the situation of the sac of the hydrocele.

June 8. Discharged cured. There is still a considerable hardness in the situation of the hydrocele.—*Ibid*.

Medical Miscellany.—In the city of New York one thousand dollars have been appropriated for the Northern and Eastern Dispensaries. A pamphlet is about being issued in that city, relating to the Kappa Lambda Association.—Mr. Combe's lectures are spoken of highly at Philadelphia. —A mad elephant was poisoned at Berlin, lately, with Prussian blue, in the presence of a great number of physicians. The poor animal sank after two hours' suffering.—A queer book by Mr. Walker, entitled *intermarriage*, has appeared in England—an edition of it would sell well in America.—Beck's Elements of Medical Jurisprudence has reached a sixth edition in London, with notes by Drs. Dunlop and Darwell.—Beautiful copies of the latest works of Portal, the great surgeon of Palermo, have reached this country.—One of the botanic quacks, at Philadelphia, by the name of Chauncy, has been convicted of murder in the second degree. Nixon and Armstrong were also arrested, but were acquitted. The crime was procuring an abortion, which killed both mother and child.—Dr. Kimball has been appointed physician for the northern, and Dr. Bartlett for the southern district, in the city of Lowell.—Dr. Colledge, President of the Medical Missionary Society of China, left Boston last week, on a voyage to England.—Professor A. T. Thomson has found much advantage from the use of elaterium in cases of hypertrophy of the heart.—In cases of deafness arising from deficient secretion, the following formula has been used with benefit : Creosote, 1 drachm ; oil of almonds, 4 drachms. Mix ; a little to be inserted in the meatus night and morning, with a camel-hair brush.—Mr. Guthrie, of the Westminster Ophthalmic Hospital, in order to ascertain whether an instrument to be employed in excising the eye is keen and well set, employs the following test : a piece of fine kid-skin is to be penetrated by the knife ; if no sound be created in the incision then the instrument is fit for service, but if the slightest noise be perceived, it must be laid aside.

NOTICE.—Twenty-seven numbers will be given in this volume of the Journal, in order that the commencement of the new one may correspond, in date, with that of the first volume.

DIED,—At Ashford, Ct., Dr. Joseph Palmer, 60.—At East Hartford, Ct., Dr. William Cooley, 57.—At Framingham, Ms., Charles Walker, M.D., 32, late of Boston.—At Cape Elizabeth, Me., Dr. Hosea L. Cushman, late of the U. S. A. in Florida, 31.

Whole number of deaths in Boston for the week ending Jan. 26, 32. Males, 15—females, 17.
Of consumption, 3—drowned, 1—wounds, 1—scarlet fever, 8—infantile, 2—scald, 1—dropsy on the brain, 2—apoplexy, 2—lung fever, 1—bilious fever, 1—croup, 1—introsusception, 1—inflammation of the lungs, 1—erysipelas, 1—stillborn, 1.

MASSACHUSETTS MEDICAL SOCIETY.—COUNSELLORS' MEETING.

A STATED meeting of the Counsellors of the Massachusetts Medical Society will be helden at their room, at the Boston Athenæum, Pearl Street, on Wednesday, February 6th, at 11 o'clock, A. M.
J. 30—1 S. D. TOWNSEND, Recording Secretary.

ORTHOPEDIQUE INFIRMARY

FOR THE TREATMENT OF SPINAL DISTORTIONS, CLUB FEET, ETC.

At 65 Belknap Street, Boston. Patients from a distance can be accommodated with board in the immediate neighborhood.

JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edward Reynolds, Jno. Randall, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, J. Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, Geo. B. Doane, John Ware, George Bartlett, John Flint.

Boston, August 1, 1838.

tf.

NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,

Oct. 17—lycep

33 Prince St. corner of Salem St. Boston.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post-paid*, without which no letter will be taken from the post office.

Oct. 2

PRIVATE MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct 31—eptf

AMERICAN MEDICAL ALMANAC.

American Medical Almanac, for 1839—designed for the daily use of Physicians, Surgeons, Students, and Apothecaries; being, also, a general Medical Directory of the United States. By J. V. C. Smith, M.D., Editor of the Boston Medical and Surgical Journal. Published by Marsh, Capen & Lyon, 133 Washington street, Boston.

J 16.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 181 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price \$3.00 a year in advance. \$3.50 after three months, and \$4.00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XIX.]

WEDNESDAY, FEBRUARY 6, 1839.

[NO. 27.]

DR. MARSHALL HALL ON PUERPERAL DISEASES.

[Concluded from page 410.]

IN the *third* place, I wish to draw your attention to the influence of *previous disorders* upon the state of the patient after delivery.

This is a most important and interesting question, and it has two bearings: the first, upon the parent herself; the second, through the medium of the milk, upon the infant. I chiefly allude, in this place, to those forms of disorder of the general health of which I have already attempted a description.

Such a state of disorder, especially if long continued, and attended by much pallor or pale icterode hue, involves in itself a state approaching to that of loss of blood; and it has been sufficiently shown that this form of general disorder itself depends upon a deranged state of the functions of the intestinal canal and of the other digestive organs, so that it is obvious that such a condition, before confinement, predisposes to the effects of intestinal irritation and of exhaustion.

I need not remark how important it is, in such cases, to devote an especial attention to the restoration of a healthy state of the system. The state of the bowels should be watched daily, a mild but invigorating diet should be enjoined, and the tonic effect of gentle exercise in the open air should be secured during the whole period of pregnancy, for conception is not generally prevented by this state of disorder of the general health.

In extreme cases the bowels become exceedingly loaded, and there is a state of the system approaching to bloodlessness. In neglected cases of this description death has quickly and unexpectedly ensued from a far less shock than that of parturition. In other cases a series of painful symptoms has ensued, which have perhaps exhausted the patient finally, though more slowly; of this the following is a most interesting example:—

Mrs —, aged 28, had long had all the symptoms of disorder of the general health, with a pale icterode hue of the complexion. For some time before her confinement she suffered from aphthæ, with irritability of the stomach and bowels, and there was some œdema of the ankles and of the face.

After delivery there was a considerable flow of lochia; the tendency to diarrhœa continued, with light yellow fœtid stools, and the pulse was

frequent; the countenance was extremely pale, and there were great pain of the head, fluttering and tendency to faintishness.

Soon after delivery the aphthæ, which had somewhat disappeared, were again observed on the inner part of the under lip, in the form of vesicles clustered together, and one or two were situated on the tongue, which was clean and pallid; the face was pale; the prolabia exanguinous; there was repeated bleeding from the nose, the blood becoming pale and aqueous; there was frequent pain of the head; the pulse was frequent, often 110; the bowels loose. She was much relieved by taking tinctura opii, pure opium, the pilula hydrargyri, &c.

On the 24th of May, 1819, twenty days after delivery, and after a gradual amendment for a fortnight, she experienced in the night a fit of palpitation of the heart, which, however, soon went off.

On the 26th Mrs. — had taken a little mutton, and her room was particularly close; under these circumstances she became affected with great anxiety and agitation, an overwhelming internal feeling not to be described, and tendency to fainting, all increased on attempting to be moved; the pulse was small, and 156; the heart, carotids, and, indeed, the head, chest and bed-clothes were affected with throbbing and palpitation. Thirty drops of the tinctura opii were given, and repeated with great relief.

The next day, the 27th, the pulse continued at 132, and the movement of the heart, carotids, head, chest and bed-clothes, was still great; the pulse was fuller, the general expression and feelings more tranquil; there had been some sleep, but on awaking there was a temporary confusion of mind; the bowels had been gently moved by the Rochelle salt.

On May the 30th the symptoms remained nearly the same. The pulse 140; the beating of the carotids still visible; the palpitation greatly increased, and faintishness induced on moving; the countenance was pale, and rather tumid; the tongue and teeth appeared as if besmeared with syrup, and the breath had the odor of new milk; the bowels were confined; the urine plentiful; no tenderness of the abdomen, cough, or headache, or tendency to complain.

May 31st. A mild purgative and an enema were administered yesterday, and evacuated large portions of hardened fæces, after which a draught with thirty drops of tinctura opii was given. The pulse fell to 100; and all the symptoms were mitigated. In the evening the pulse was about 104, there was still a little throbbing of the head, but the palpitation and beating of the carotids were much diminished; the bowels unmoved to-day; urine plentiful; fluent catamenia. No pain or tenderness of the abdomen.

June the 3d. Since the last report there have been repeated attacks of sickness and vomiting, with more throbbing of the head, carotids and heart; and the alvine evacuation has been occasionally costive. To-day the countenance is pallid, and more swollen, with œdema; there is throbbing at the occiput, with pain, and beating of the heart and carotids; a degree of labor in the breathing, and cough; tenderness of the epigastrium, sickness and constipation. The manner appears rather

changed; speaking requires greater effort; there are greater hurry and exhaustion, and greater repugnance to food and medicine.

June the 7th. Since the 3d the principal symptoms have been sickness and vomiting, medicine having been quite rejected, and sometimes food. There have been once or twice deep breathing, and a sort of blowing, apparently implying a sense of want of air; there is an occasional hacking cough; some throbbing of the head; the pulse has been from 100 to 110. The countenance is pale, but the lips have a little more color. There is much loss of flesh. The bowels have been kept open; the appetite is better. There has been good sleep.

June the 8th. The countenance is much as before; there is less throbbing in the head; no delirium; pulse 108 and rather irregular; some sighing and deep breathing, hacking cough, sickness and vomiting; some tenderness of the right hypochondrium, and beating of the abdominal aorta.

June the 9th. Less throbbing of the head; pulse 116; much pulsation over the aorta; the sickness has recurred several times.

June the 10th. This evening there is increased sickness, with dyspnoea, consisting of deep, sighing breathing; pulse 120; the throbbing palpitation and pulsation of the abdominal aorta are less; no cough noticed; the sickness continues; bowels open twice.

June the 11th. The deep breathing has been very urgent. The nose is cold and livid; the lips dry; the eyes deathly; the pulse 100 and feeble. Mrs. — expired on the 12th, about 2, P. M.

On examination, on the 13th at noon, three or four ounces of water were found in each cavity of the pleura, and one ounce in the pericardium. In every other respect the thoracic and abdominal viscera were most healthy. The heart, the stomach, the bowels and the liver, were free from the slightest appearance of disease. The uterus was collapsed to its natural size.

This case may be taken, *instar omnium*. In many others, such an event has been prevented by a timely and appropriate attention to restore the general health.

It may happen that the patient was not known to the physician before the period of her confinement. It will then be found important to have studied the external characters of disorder of the general health, and especially the appearances of the complexion, and of the tongue, the state of the alvine evacuations, &c.; and much will, of course, be ascertained by a careful inquiry into the history of the case.

It is of the utmost importance to conjoin aperients with a cordial and nutritious kind of diet. For I am persuaded that the strength is far more apt to fail in these cases than is generally imagined, and especially in that variety which is attended by extreme pallor, which, in fact, denotes a state approaching to bloodlessness and exhaustion.

The next point to be mentioned is the influence of a morbid condition of the general health upon the secretion of the milk, and upon the health of the infant. It has frequently occurred to me to lament that patients have given up all hope of ever being allowed to nurse, from the sad consequences produced upon the infant. This circumstance gene-

rally depends upon disorder of the general health of a protracted kind ; and it is obviated by proper and persevering efforts to restore the functions to their natural state.

It may be necessary for the infant to be fed or to have another nurse, if these precautions were not enforced before the approach of confinement ; for time is required to subdue the disorder, and change the secretions. But if there be space for effecting the due changes, the plans which have been already recommended for restoring the general health of the parent will always succeed in enabling her to nurse without disordering her infant.

I now conclude my observations on puerperal diseases—the most anxious of all cases. What I have stated I have learnt in actual practice. Treasure up the remarks I have made, and try their force and truth when you enter into practice for yourselves, and to each of you allow me to express the sentiment contained in these well-known lines,

“ Si quid novisti rectius istis,
Candidus imperti, si non his utere mecum.”

AMPUTATION AT THE SHOULDER JOINT.

The following case is numbered 2152, in the fourth quarterly report of the Ophthalmic Hospital at Canton.

Absorption of the os humeri and enlargement of the arm. Po Ashing, aged 23, entered the hospital on the 3d of November. Six years since, he fell from a house and broke the humerus of the left arm, half way from the elbow to the shoulder, the lower shoulder passing upwards and backwards. Union so far took place as to render the arm serviceable, till six months since, in a crowd at a ‘sing song,’ it was again broken. From that time, according to his statement, the arm gradually became larger till it had attained its present enormous size. Besides being painful, the weight of it drew him quite one side ; at several places it seemed ready to burst ; the skin was bright and glistening, and the veins passing over it were numerous and much enlarged. There was no doubt of its containing fluid, and though no pulsation could be felt, apprehensions were entertained that the tumor might be of an aneurismal nature. November 14th, assisted by Messrs. Cox, Cullen, Jardine, and Bonsall, I punctured the arm, supposing that possibly it might contain pus, and that the necessity of amputation might be avoided ; yet prepared, if disappointed in this, to remove the arm. On opening the abscess, a dark-greenish fluid escaped, with considerable force, but soon became darker and more bloody. Sixteen ounces were first discharged, but the character of the fluid was not decisive. In the hope that the blood was from some small vein divided by the incision, and that there was deep-seated pus, the lancet was re-entered nearly its whole length ; but the same discharge continued with a greater proportion of venous blood : thirty-two ounces, in all, were discharged, and the aperture closed. All were agreed that the only

chance of life was in the removal of the arm; but the exhaustion of the patient and absence of his father induced us to postpone the operation till the next day, unless subsequent symptoms forbade. At 3 o'clock, P. M., it appeared that the tumor, which had been diminished by opening it, had attained more than its former size, and supposing that the vein which had been opened was emptying itself into the tumor, and that there could be no safe delay, the operation would have been performed immediately but for the absence of the patient's friends. The next morning (November 15th), the circumference was still but thirty inches; the integument having reached its maximum of distention, it appeared as though the fluid was insinuating itself beneath the integument about the shoulder joint, increasing the difficulty and hazard of the amputation. It proved, however, to be mere tumefaction. The father and friends of the patient had come, and given the agreement usual in cases liable to fatal terminations; and the patient had recovered very much from his previous exhaustion.

At 11, A. M., the gentlemen present the preceding day were ready, and all things were prepared for the amputation. The patient was seated in a chair supported around the waist by a sheet; the tourniquet was applied, also the subclavian artery secured by an assistant; a single flap was formed, as recommended by Liston, the extent of the disease not admitting the use of the catlin as practised by Cooper. With a large scalpel, two incisions were made commencing on either side of the acromion process, and meeting at the origin of the deltoid muscle, which was immediately dissected up; the capsular ligament divided, the head of the humerus turned out of the socket, and another stroke of the knife upwards dissevered the arm from the body. A gush of blood pointed out the axillary artery, which was readily secured. The time did not exceed a minute from the application of the scalpel till the arm was laid upon the floor; the patient was then put upon a bed, and the pressure upon the artery removed. An excellent flap was formed, and dressings were applied as usual. Afterwards the patient threw up the brandy and water and other medicines.

The best representation of the arm after amputation, so far as shape is concerned, is that of a large ham of bacon. It weighed sixteen cwties, equal to $21\frac{1}{2}$ pounds. Opening the arm at the place where it was punctured the preceding day, a dark coffee-colored fluid gushed out. There were eight or ten ounces of coagulated blood in the cavity first opened, which was bounded by a cyst that formed the walls of others. It resembled serous membrane. Opening other cavities, there was a similar discharge and a quantity of matter resembling putrid crassamentum, of a light and purplish color, or like the disorganized lungs of persons who have died of pulmonary consumption. Some of the cysts contained nearly half a pint of fluid, &c. Traced the brachial artery from the axilla to the forearm, and also the veins. The artery was very small, about one tenth of an inch in diameter, and its coats thin; veins also small. The radial nerve was considerably enlarged. The bone was *entirely absorbed*, except an inch of each extremity. From these small portions a few spicula of bones projected. At the head of

the humerus it appeared, till we discovered the absorption of the whole bone, as if nature had formed a new joint with the glenoid cavity within the head of the humerus. There were points of osseous matter, but the cysts collectively were surrounded on the inside and back of the arm by a firm cartilaginous wall like the brisket of an ox, with tendinous fibres passing in every direction like the curly maple. The muscles were much diseased, and their tendons lost in the mass of cartilage, which, near the elbow, was three or four inches in thickness. From the elbow downward, the muscles were perfect. The forearm was œdematous, and considerable adipose substance was found under the integument. All who were present pronounced the case the most remarkable they had ever seen. The patient is the first Chinese, so far as I know, who has ever voluntarily submitted to the amputation of a limb.

At 5 o'clock, P. M., the patient having awoke from sleep, asked what he might eat. Congee was given. The expression of his countenance was good; he spoke with a natural voice, complained of cold, though his body was of a good temperature, the skin feeling natural, with a gentle perspiration upon the forehead. Not much oozing from the wound, but little pain, and he was quiet; his pulse was 126. With a friend, Mr. H., I watched all night with the patient. At 1 o'clock next morning he wished to know if he might eat chicken. He occasionally started in his sleep, and when awake, spoke of his arm as if it were still on. From four till five o'clock, he slept quietly, and made no complaint of pain, though there were some febrile symptoms, and his tongue was white and the skin dry. At six o'clock sponged his body, and gave an ounce of castor oil. Pulse from 4 o'clock, 110; bowels were moved during the day, and all the symptoms became more favorable. On the 18th, the wound was dressed and found to be united, by the first intention, nearly the whole length of the incisions. Most of the sutures were removed. On the 21st, the dressings were changed again, and the remaining sutures slipped, and the wound had the most healthy appearance. Patient walks his room, his general health is good, and his strength fast restoring. His gratitude, and that of his father, seem deep and sincere.

MEDICAL ESSAYS.—NO. IV.

[Communicated for the Boston Medical and Surgical Journal.]

“EXTREMES ARE DANGEROUS.”

OF the extremes to be avoided, we will now mention *the miasms of vegetable and animal matter*. Our object, more particularly, will be to point out the means of avoiding the *marsh poison*. Much has been written and said upon the nature of this poison and the way it first attacks the system, but it seems to very little purpose. Some seem to imagine, or believe, that if they could ascertain exactly the nature of this enemy, they could obtain an easy victory over him. But the details of every new experiment upon the nature of this poison serve only to confirm us in the belief, that it is impossible to obtain it in a separate

state, or detach it from its affinities, so as to examine it singly and satisfactorily; and it will in all probability elude forever the researches of the most careful and the most scrutinizing. It may be said to evaporate, expand, or fly off in the process, or combine by affinity with some peculiar associate, so as to assume a very different character. Its resemblance to other poisonous gases, we know only from its effects; but this is all we need to know, in order to guard against it.

Malaria are the product of animal and vegetable putrefaction or decomposition. "That all vegetables," says a late writer, "contain water, will not be denied; and that all water contains animals, may be proved by the hydro-oxygen microscope. There is no putrefaction without water, and therefore none in which animals are not involved." "One sixth of the driest and hardest wood," says Dr. Good, "is water." We are disposed, however, to commit this subject to the wire-drawing genius of a professor at the West,* and to some others inferior to him in point of talent, whilst we go on to apprise the reader of those precautions which he would do well to take against this enemy.

Habits of uncleanness are to be avoided. Nothing is more reasonable than to suppose that a habit of uncleanness will prepare the system for the reception of marsh poison, as well as render it liable to many other diseases.† The pores of the skin in any part of the body (although the amount of perspiration in every part is not the same) will not endure to be checked with safety, and especially if it be done habitually. The capillaries of the skin being disturbed or disordered to any considerable extent, it is easy to conceive of the disorder being propagated to some vital organ. There seems, for instance, to be a peculiar sympathy existing between the liver and the skin; and it is admitted by most persons who treat upon the subject, that the marsh poison may enter the pores of the skin and thus affect the liver. It is also thought that it may reach the nerves, as well as the inner surface of the lungs.

It is not our design to occupy much of the reader's attention with remarks upon the importance or necessity of frequent ablutions in warm climates and in the warmer months, nor shall we think it necessary to insist much upon the virtues of the cold or the warm bath; whilst we would caution him particularly against the use of any apparel that promotes the accumulation of filth in the pores of the skin, and also against the tendency of certain mechanical trades which are often accompanied with an accumulation of filth. The wearing of flannel, unless it be frequently changed (although it must always be put on perfectly dry), may inflict a greater and more extensive injury, than its entire disuse. Flannel absorbs and retains the matter of perspiration in a state far less injurious than linen; but without being frequently

* We allude to Dr. Caldwell's notion of dissolution, as differing from the decomposition of vegetable matter, and also to a controversy which he promoted for some time in relation to the introduction of foreign substances into the circulation.

† "A scrupulous attention to cleanliness," says an English Journal, "is among the surest means of restoring health to those who are sick, and securing it to those who are well." "A Frenchman in the middling ranks of life," says one, "often puts on a dirty shirt over a clean skin; but an Englishman, of the same condition, still oftener puts on a clean shirt over a dirty skin." As sarcastic as this may appear, we are disposed to apply the same remark to nine tenths of the laboring class in our own country, and to this source we attribute the prevalence of many complaints among them,

changed, such an accumulation takes place as is likely to block up or lock up the very doors of the skin. It is foreign to our design to make out a moral lecture upon clothing, and yet we are constrained to drop a hint or two on economy in dress. We are bound to confess, however, that we believe it strictly economical and healthful for both sexes to clothe themselves with that apparel which the seasons dictate, and the circumstances of people will admit. We are also disposed to think that the peculiar texture of cloth that is worn, is not a matter of so much consequence, as it is to avoid the frequent and sudden changing of apparel, and the practice of wearing too much or too little. Many of our amiable country-women, it is believed, have experienced an entire overthrow of good health and a good constitution, and we had almost said a good character, by adopting the thin dress of fashion, and then venturing upon the midnight air. On the other hand, many a young man of promise among us has incurred an unfortunate delicacy of health by the mere circumstance of occasionally wearing too much clothing. We are sensible that habit has great influence, but we think that experience has long since dictated an invariable rule for the colder season, and that is, for every one to make use of just what clothing is necessary in order to be *comfortably warm*. No one in his senses would be apt to wear too much apparel in the hot season. Cold is the insidious enemy that all should guard against; and we need only repeat, that the hands and feet should be carefully protected from its influence. It is by way of this enemy to health, that wet clothes are so injurious. In respect to this matter, however, some have gone so far as to oppose the practice of immediately throwing them off, and yet we are of the opinion the sooner it is done the better, provided an adequate quantity of dry clothing is assumed in its stead.

Returning to the subject with which we commenced in this essay, we would observe that the marsh poison may be guarded against in a good degree by the following precautions; to wit, *withdraw immediately from the sickly region, if possible—uniformly live and sleep in upper rooms, well ventilated, during the sickly season—avoid the night air—drain and cultivate marshy grounds—and take care to leave every tree intervening between the marsh and the dwelling house, unmolested*. During the fatal fever that prevailed in Natchez in 1822, when not more than two hundred souls could be found (in a city characterized, at that time, by a population of four thousand), and they upon the skirts, one family remained in the city and escaped the disease. In answer to the question whether any precautions were taken by the family, it was said, that they *all lived and slept in an upper room*. The night air, in cities and towns with a dense population, is peculiarly poisonous.

We shall now conclude this essay, by briefly remarking upon the evil of indulging in low spirits and melancholy. This is an extreme that may be spoken of as not being subject to the control of every one, owing, as it is thought, to some constitutional defect. It may arise, however, from a mere want of resolution, and a culpable proneness to look only at the dark side of things. Disease, it is true, may so far enfeeble the system, as to destroy all resolution, and banish the virtue of firmness

entirely. But it is surprising to see how much can be done to alleviate or modify this peculiar state of mind. The kind offices of a friend, a nurse, or a physician, will do much towards dissipating the evil. The advice and the efforts of the excellent Rush (in which we were personally concerned) is fresh in our remembrance. Whilst lying under the power of a most depressing fever, he advised and urged us to do our utmost to *keep up our spirits*, and not yield to our situation. It was his practice, at every visit, to relate some interesting anecdote, with a view to strengthen his advice. The effect upon the mind was so great or so absorbing, that we have more than once been compelled to say, that his endeavors in that line were of more service than his medicine. Kindness and complacency are virtues of a superior cast, and can never fail to produce the happiest effects upon all, whether well or ill. The low-spirited invalid, the melancholic misanthrope, and the insane, demand nothing so much at our hands as proper attentions and constant kindness. The man who would rudely jeer or insult either of these characters, deserves neither to be trusted, nor to be tolerated in good society. We shall not enter into a detail of the various methods of alleviating the depression of a sick man, as it is certain that a judicious friend will adopt none but judicious means, and only such as circumstances afford. "In favor of the influence of music upon melancholy or low spirits," says one, "we have the testimony of all antiquity, along with the effect produced upon the gloomy distemper of the perverse mind of *Saul*." But it is not every kind of music, vocal or instrumental, that will produce the desired effect, nor will music of any kind prevail at all times and in all seasons.

NEW HAVEN MEDICAL ASSOCIATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the 19th No. of the "Boston Medical and Surgical Journal," you have a notice of the compliment paid Drs. Jackson and Warren, in which reference is made to the Boston Medical Association as having been the cause of "unparalleled harmony, good will, charity," &c., among the members of the profession, and also to the lengthened time of its continuance. For the "New Haven Medical Association," I must claim a greater age and not less harmony, good will, mutual aid, confidence and forbearance. If you think best to publish the following statement, as another evidence of the benefits of such associations, it is at your service. Respectfully yours, &c. B.

New Haven, Ct., Jan., 1839.

Previous to the formation of the New Haven Medical Association, the physicians of the town were in habits of occasional social meetings, without a constitution, or written professional laws. In 1784 they originated the "Medical Society of New Haven County," which is now merged in the Connecticut Med. Society, "plighting to each other our honor for the strict observance of all such regulations as may be adopted by the majority of said Society, formed for the following important pur-

poses, viz.: 1st. To lay a proper foundation for that unanimity and friendship, which are essential to the dignity and usefulness of the profession." To communicate discoveries, to make accurate observations on the climate, diseases, &c. &c.

The New Haven Medical Association was formed in January, 1803, by ten physicians then practising in the town, by the adoption of a constitution and code of laws, and has continued in existence to the present time. Every practitioner of respectability, on settling in the town since its formation, has become a member, and continued attachment to the institution has been almost universal.

Two of the first members of the Association still survive, viz., Drs. Eli Ives and John Skinner. Of the eminent men who have favored the association with their attachment and attendance, so long as health or life continued, may be mentioned Dr. Æneas Monson, Dr. Levi Ives, Dr. Nathan Smith, and Dr. Thomas Hubbard. Indeed the last was regular at the meetings during the last year of his life, when prevented, by infirmity, from attending to his ordinary professional business.

The meetings are held every fortnight at the house of one of the members, the oldest present at the opening being chairman. Each member is called upon for the statement of cases, either as remarkable or for consultation and advice. So freely are cases stated, that where there has been error in treatment, no hesitation is felt in mentioning it for the instruction of others. Candor prevails in the discussion of all topics, which is conducted with that confidence and kindness which assures to the youngest not reproof but encouragement; and offence rarely occurs. There is then usually discussed a subject previously selected; or occasionally each member, in turn, reads a dissertation, which elicits further discussion. Contract is made by the Association for attendance at the Alms House on the poor of the town, and the time apportioned by lot. The bill of mortality of the town, with the causes of decease, is also here made out. But few cases of discipline are upon the records, and they occurred at an early date. It is the duty of each member to record any deviation from the code of medical ethics which may come under his cognizance. Cases of this kind have been few, and in all instances they have been harmoniously and readily adjusted; and if misunderstanding has occurred, it has been soon obliterated.

Well were it for our professional honor, and the public interests, could equal harmony, good understanding and desire of mutual benefit, everywhere prevail among medical men.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 6, 1839.

MEDICAL SCHOOL OF THE UNIVERSITY OF NEW YORK.

THE following professors of the Medical Department of the University of the city of New York, have resigned their respective trusts: Martyn Paine, M.D., Professor of the Theory and Practice of Medicine;

Charles A. Lee, M.D., Professor of Materia Medica, Pharmacy and Medical Jurisprudence ; Gunning S. Bedford, M.D., Professor of Obstetrics, and the Diseases of Women and Children ; Alfred C. Post, M.D., Adjunct Professor of Anatomy ; A. Sidney Doane, M.D., Professor of Physiology ; J. C. Beales, M.D., Professor of Operative Surgery and Surgical Anatomy ; Caleb Ticknor, M.D., Professor of Hygiene ; John Watson, M.D., Professor of Clinical Surgery ; J. August McVickar, M.D., Professor of Clinical Midwifery ; James A. Washington, M.D., Professor of Clinical Medicine.

We are almost out of patience in trying to keep pace with the appointments and resignations in this intended mammoth of learning. Only three weeks ago we published a flattering account of the prospects of the medical department, from a correspondent, in which the unction of praise was liberally bestowed upon the above defunct faculty—and we still feel that they were and are individually entitled to high consideration as men, and teachers of their profession. But here they are again, thrown into the ranks from whence they were taken—and so the University must go to work and elaborate another batch of ordinary and extraordinary professors. About all the Council has ever done, since the first day of its organization, has been to make and unmake faculties.

Just as the foregoing remarks were written, we were favored with the following exposition of facts from the Medical Examiner, and therefore introduce it without further apology.

“The cause of this simultaneous resignation will be learned from the following statement : The University is greatly in debt, and the Council wished to make of the Medical School a sort of sinking fund. The first demand they made, was that the Medical Faculty should raise \$25,000 on account of the University. This the latter at once refused. It was then agreed that the faculty should pay \$2,000 a year for certain rooms in the University building, the Council to make the necessary alterations. This agreement was subsequently so modified that the Faculty themselves were to make the alterations, and have the rooms for four years at the rate of \$1,500 a year.

“Everything seemed satisfactorily arranged, when lo ! the Council passed a resolution that for every pupil in attendance above a hundred, the Medical Faculty should pay as rent \$12 a year extra, and that all matriculation and graduation fees should be paid to the University fund and not to the Medical Faculty. So that on the supposition of there being 200 pupils in attendance, the University would have received from the College—

For rent,	-	-	-	-	-	\$2,000
For students above one hundred,	-	-	-	-	-	1,200
For matriculation fees,	-	-	-	-	-	1,000
For graduation fees, supposing all to graduate who matriculated,	-	-	-	-	-	2,500
Total,	-	-	-	-	-	<u>\$6,700</u>

“And this without being at the slightest outlay, or running the slightest risk.

“On learning this demand, the professors immediately sent in their resignations, which were not given in to the Council, however, the professors being privately assured that that body would not persist in its demand. But the Council, on meeting, determined not to recede, on which

the professors simultaneously and unanimously resigned, for doing which they deserve and will receive the thanks of the profession.

"We must, notwithstanding this, have a good and efficient medical school in this our city, and we would respectfully suggest to the Trustees of the Columbia College, whether this be not the appointed time for giving effect to that part of their charter which confers on them the right to grant medical diplomas. Their funds are most ample, and no time could be more favorable to success. We hope they will not allow it to pass unimproved.

Medical Missionary Society of China.—In giving a second notice of this admirably devised institution, we are desirous of circulating the intelligence far and wide, that philanthropically-disposed physicians of this country may have an opportunity of exercising their benevolence, either by transmitting such articles as would be acceptable in a hospital, or engaging themselves, personally, in the Christian labor of relieving the physical sufferings of the Chinese. As a people they place implicit confidence in the opinions and prescriptions of the European and American physicians, and as they alone are enabled to gain access to the higher classes of society, it is through them only that the principles of Christianity can successfully be introduced into that immense empire of three hundred and sixty millions of souls.

As all those who practise under the auspices of the Society neither ask nor receive compensation for their services, the impression made on the minds of the multitude of applicants for medical advice, is of the most favorable character. No plan of intercourse with that singular race of exclusives has ever been devised, which promises so well for the future, as the introduction of upright, skilful surgeons and physicians. It is not impossible but that through their agency, within fifty years, the old barriers of prejudice against foreigners will be wholly broken down; and China, when once open to the free ingress of civilized man, may yet be distinguished for her advancement in science and in practical Christianity.

As opportunity occurs we shall continue the republication of extraordinary surgical cases from the printed reports of the Ophthalmic Hospital, which were published at Canton, as the surest method of showing to the reader the wisdom of the original founders of the hospital, in undertaking the Herculean task of building up an extensive charity in a country where selfishness is the predominant characteristic of the nation. Should any gentleman feel desirous of offering himself to the directors as an operator—and many are wanted—he would be furnished with all the letters and necessary documents, on making application at this office.

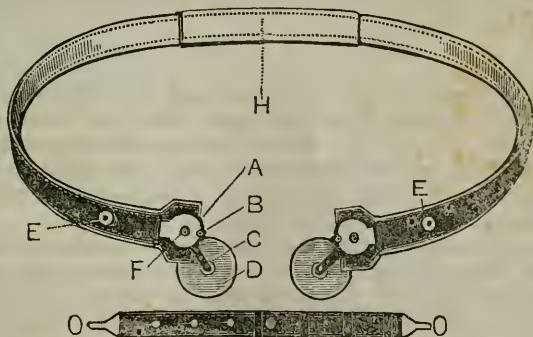
Dr. Parsons's Prize Dissertations.—Messrs. Little & Brown have published a remarkably neat volume of 248 octavo pages, entitled "BOYLSTON PRIZE DISSERTATIONS," on, 1st, *Inflammation of the Periosteum*; 2d, *Eneuresis Irritata*; 3d, *Cutaneous Diseases*; 4th, *Cancer of the Breast*; also, *Remarks on Malaria*, by Usher Parsons, M.D., &c., of Providence, now President of the Medical Society of Rhode Island. The profession will be gratified with the respectable shape given to these important papers. Dr. Parsons is so well known in the annals of medical literature, that it is almost needless to present the permanent claims

of the work to a place in the libraries of all our New-England practitioners. Had not large drafts, for the Journal, been made already upon several of the essays constituting a good portion of the book, we should have presumed to extract pretty liberally. As it is, we strongly recommend the author's writings to the favor of physicians everywhere, and may ourselves, hereafter, venture to take an occasional page on account of its intrinsic merit.

Dr. Knight's Lecture.—We have received the introductory lecture to the present course of medical lectures in Yale College, by J. Knight, M.D., Professor of the Principles and Practice of Surgery. As Dr. Knight is no stranger to the public, it is unnecessary to say more, at present, than that he has given an interesting historical sketch of the medical school of New Haven, with biographical notices of the eminent men who have been connected with it. It being our intention, soon, to devote a page or two to that school, it will afford an opportunity for giving the reader a further notice of this discourse.

Dr. Reese's Lecture.—There is barely space to acknowledge the reception of this beautifully printed pamphlet of 38 pages, being an *Introductory Lecture* delivered at the opening of the Albany Medical College, January 2, 1839, by David M. Reese, M.D., Professor of Theory and Practice of Physic, &c.—published by the request of the class.

Dr. Fletcher's Double Truss.—The cut below is like the one previously given, with the exception of the covering, which will require but little explanation.



A, the rotary wheel on the under side. B, a small screw by which the rotary wheel is made fast. C, a short steel spring connecting the pad to the rotary wheel. D, the pad, which is convex on the under side. E, a brass nut, holding the brass, the spring, and covering together. F, a screw, by means of which the pressure upon the pad is increased. H, a cushion or soft pad about six inches in length; this covers the space between the ends of the covering, and allows the spring to be lengthened from one inch to five inches, as may be requisite. It serves the place of two small pads, which are often put on to relieve the pressure over the prominence on the sacrum. This is fastened by several small

hooks and eyes on the back side, making a neat finish, and occupying little space. O, the loops on the ends of the strap, which are put on to the brass nuts at E. In the centre of this strap is a small stud, by which the strap may be taken up or let out, in order to fit the wearer ; and when the instrument is to be removed, take off one loop.

Medical Society of Missouri.—The Medical Society of Missouri was incorporated January 25th, 1837. The meetings of the Society are known and designated as annual, regular and special. Its officers are a President, Vice President, Treasurer, a Recording Secretary, and a Corresponding Secretary—there are also two Standing Committees, to wit, a Committee on Elections, and a Committee on Publications. The officers elected for the year one thousand eight hundred and thirty-eight were, *President*, Dr. Hardage Lane ; *Vice President*, Dr. George Engelmann ; *Treasurer*, Dr. E. H. McCabe ; *Recording Secretary*, Dr. — ; *Corresponding Secretary*, Dr. B. B. Brown. The annual meetings of the Society are held on the day of the regular meeting in January. The regular meetings are held on the first Friday of every month. A special meeting may be convened at any time by the President, or by five senior members, provided due notice thereof shall have been previously given.

Mortality in the West Indies.—A report from a British medical officer, attached to the army, has been lately published in England, and has elicited some startling facts relative to the mortality of the troops stationed in the West India Islands. By this report it appears that in 30 years, more than 30,000 soldiers have perished by the yellow fever and other epidemics peculiar to these islands. Consequently, in this short space of time more than four times the whole force has been cut off by disease alone, and the average duration of every soldier's life has been only seven years and a half.

On some objections made to the performance of Extraction in Cataract.—

1st. Abstractedly considered, no particular operation for cataract is superior to another, because the forms which the disease assumes are so essentially different, and its complications with other ophthalmic and constitutional affections so numerous, that it is impossible to treat successfully all cases by any one particular plan.

2d. The surgeon must, therefore, be able to apply each operation to those cases to which it may be suited ; and the circumstance that extraction requires the greatest degree of skill and dexterity, cannot form a valid objection to its performance, where the case may demand it.

3d. When the case is one which leaves a choice to the surgeon, whether he shall perform reclinacion or extraction, the latter is to be preferred, because no objection to its performance is valid.

4th. It is absolutely necessary, for the success of the operation in question, that the patient's constitution be sound, his general health good, and the eye, with the exception of the simple structural and functional alterations attendant on cataract, perfectly healthy.

Important to Druggists.—M. Dubail presented the Secretary of Pharmacy, at Paris, during the session of 2d May, 1838, a specimen of opium

resembling the Smyrna, of which a considerable quantity has been circulated amongst the trade in Paris and Havre, and several cases of which have been seized, on the requisition of the School of Pharmacy.

This opium is wholly destitute of Morphia. It comes in lumps, plentifully covered with leaves; its section is blackish, and its consistence slightly elastic. It becomes milky on contact with water. Its aqueous and alcoholic solutions are neutre to test papers, and are not precipitated by ammonia. Its smell and taste, though more feeble, are analogous to those of common opium.

It has been so skilfully adulterated, that the characteristic hitherto considered as inimitable, that of agglutinated transparent tears, appears even on a section of mass; so that this sign, hitherto decisive as a test of the purity of opium, loses in this way all its value. This vile production appears to have been imported from England. M. Dubail, after enlarging on the dangerous consequences which similar falsifications may have in practice, calls for a committee to investigate the subject.—*Paris Journal of Pharmacy*.

Burdock in Impetigo. By DR. GRAVES.—I had recently under my care a young man who suffered greatly from an impetiginous affection, accompanied by varicose veins of the legs; the tibial surfaces of both were covered with ulcers, from which a considerable quantity of purulent and ichorous fluid exuded; and as his business obliged him to walk about constantly, he suffered a great deal of distress and annoyance. I treated him, at first, with leeches and poultices, and afterwards with various astringent applications, but with very little relief; the discharge from the legs was profuse, and the heat, itching and soreness undiminished. While in this state, he was advised by a friend to take about four or five ounces of burdock root (*Aretium Lappa*), and having boiled it in a quart of water down to a pint, to drink this quantity of decoction every day in divided doses. He did so, and in the space of three or four days a most remarkable improvement took place. Thinking that the benefit derived might be the result of accident, I made him leave off the burdock for a few days, and found that the legs began to get bad again. He resumed the use of it, and is now well. I do not wish to attach more interest to this case than it deserves; but certainly, the decoction of the burdock operated in a very remarkable manner in improving this gentleman's health, checking the tendency to impetiginous inflammation, and arresting the profuse discharge. Here is a specimen of the root itself; although it is not at present mentioned in our pharmacopœia, it held a place at one time in the *materia medica*, and enjoyed considerable reputation as an alterative remedy.—*Lon. Med. Gaz.*

Medical Miscellany.—Dr. S. Cutter, late Health Commissioner, is declared to be a public defaulter in that department.—A meeting of the Counsellors of the State Medical Society will be held at the Athenæum this day, at 11 o'clock, A. M.—Dr. Ticknor's lectures before the Stuyvesant Institute, New York, on the *consideration of the popular objections to phrenological science*, gave great satisfaction to an audience capable of appreciating the doctor's talents.—A case of poisoning, by eating fresh pork, is related in the last No. of the Philadelphia Examiner. It took place in Carrolton, Illinois.

TO CORRESPONDENTS.—The communication of Dr. Howard was received too late for this No. A notice of Dr. Howe's new surgical apparatus has been crowded from our pages this week.

DIED,—At Portsmouth, N. H., Dr. James H. Pierrepont, 71.

Whole number of deaths in Boston for the week ending Feb. 2, 27. Males, 16—females, 11.

Of consumption, 4—rheumatism, 1—dropsy on the brain, 2—disease of the heart, 2—dropsy, 1—drowned, 1—disease of the spine, 1—cholera infantum, 1—inflammation of the lungs, 1—intemperance, 1—scarlet fever, 4—sudden, 1—child-bed, 1—old age, 1—dropsy in the head, 1—palsy, 1.

BROWN'S PATENT SELF-INJECTING APPARATUS.

THE undersigned respectfully calls the attention of medical practitioners to a newly-invented instrument, which is for sale at his store, No. 481 Washington street, corner of Elliot street. If physicians would examine the principles of its construction, they would appreciate its usefulness, and would probably be induced to recommend it very generally in their practice. Physicians, druggists, and the inhabitants of Boston, are particularly invited to look into the superiority of this article over the inventor's former instrument, as it now has the advantage of Goodyear's new India Rubber, which is allowed by all to be an entirely different article from that formerly manufactured.

Feb. 6—copy

WILLIAM BROWN.

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 18th day of February, 1839.

Anatomy and Surgery, by JOSEPH ROBY, M.D., of Boston.

Theory and Practice of Physic, Obstetrics, and Medical Jurisprudence, by JAMES McKEEN, M.D. Chemistry and Materia Medica, by PARKER CLEVELAND, M.D.

The Anatomical Cabinet and the Library are annually increasing.

Every person becoming a member of this Institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the lectures is \$50, payable in advance. The lectures continue three months.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September.

Brunswick, Me., October, 1838.

D. 5—copy

P. CLEVELAND, Secretary.

SCHOOL FOR MEDICAL INSTRUCTION.

THE Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by - - - - DR. BIGELOW.

On Anatomy and Surgery, by - - - - - DR. REYNOLDS.

On Midwifery and Chemistry, by - - - - - DR. STORER.

On Physiology and Pathology, by - - - - - DR. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

Boston, August 17, 1838.

Aug 22—ep3m

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREY'S STORER,
OLIVER W. HOLMES.

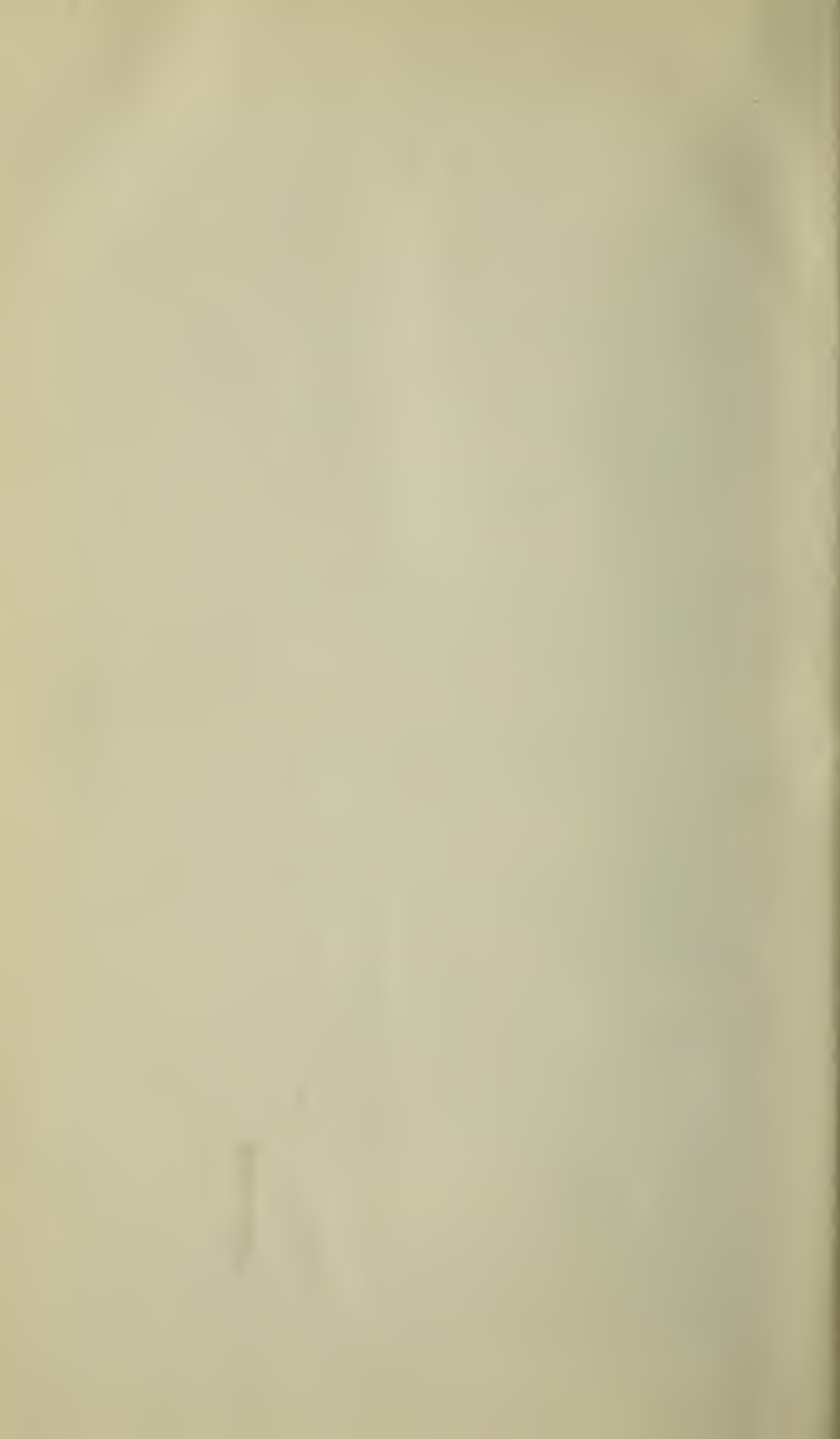
PRIVATE MEDICAL INSTRUCTION.

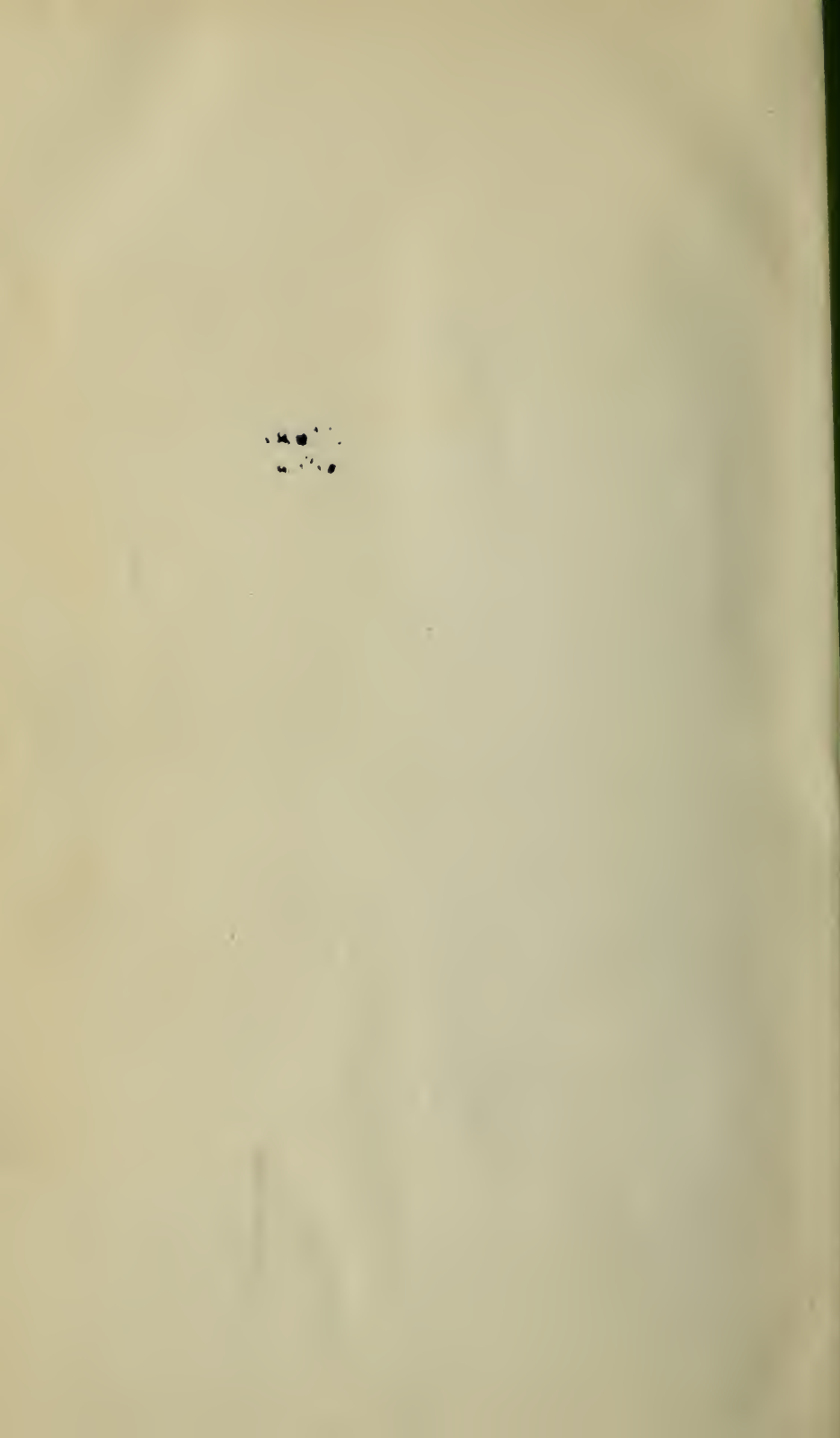
THE subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructors.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.,
WINSLOW LEWIS, JR.

Oct 31—ep1f

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